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SEPTEMBER, 1923

No. 9

School Nursing Number Fresh Air Schools

By T. B. Kidner

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Health for Life's Sake

is the angle from which Dr. Williams has written his new book, *Personal Hygiene Applied*. Important as it unquestionably is for the nurse to understand and practice the principles of personal hygiene, it is equally important that she transmit this knowledge to others. In this connection, and speaking of Dr. Williams' book, *The Modern Hospital* says, "Physicians, nurses, and hospital social workers are frequently called upon to furnish some guide to patients, parents, and teachers in the way of healthful living. This book will answer that purpose in a broader way than many works of pure hygiene."

The first five chapters consider the various aspects of this problem—the meaning of health in terms of life. The remaining chapters consider in a systematic way hygiene from its scientific side. The book aims to present facts in human experience, to establish science and intelligence as guides, and to replace superstition, cults, fads, tradition, and certain instinctive responses with truer counsellors.

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The PUBLIC HEALTH NURSE

Volume XV

SEPTEMBER, 1923

Number 9



EDITORIAL

CAN THE PUBLIC HEALTH NURSE DO MORE FOR MOTHERS?

THE fact that in this country the maternal death rate and the early infant death rate continue to be higher than those in many other countries makes us pause to consider whether or not the public health nurse has done all that the public health nurse could do toward the reduction of this death rate.

The one service which is not a part of the work of all visiting nursing organizations is that of nursing attendance at time of delivery for the mother who is delivered at home and has not arranged for the full time of a graduate nurse. Is this, perhaps, because we think that the mother delivered at home needs the help and ministrations of the skilled nurse less than does the mother delivered in the hospital? Is it because we believe that the baby born at home and cared for by the family has the same chance as the baby born in the hospital and cared for by the skilled nurse in the hospital nursery? Or is it because we think the doctor working alone in a home without equipment needs the help of the nurse less than the doctor working in a well staffed, well

equipped delivery room in a hospital? Is it not, rather, because the difficulties involved in meeting the irregular demands of this service have been greater than those met in developing other nursing services?

Elsewhere in this magazine will be found an article describing the difficulties which one visiting nurse association has met in its attempt to establish a nursing service at time of delivery. It is to be hoped that this statement of a difficult problem *will arouse a new determination to find the solution.* If we believe that there are any mortality-reducing possibilities in the nurse's help for the mother, the baby, the doctor at this critical time, have we not been a bit slow in finding the way to provide that help?

We hope all who read this and have any ideas as to how we *may* "find the way" will contribute them to further discussion of this problem in the pages of the magazine.

ANNE A. STEVENS.

THE SCHOOL NURSE'S NICHE

WHAT are the duties of the school nurse? Is she the monitor in the schools system who sees as her first task, the correction

of defects of the pupils? Or is she the home visitor from the schoolroom who pursues the absentee? Is she the health teacher who strives to bring into the lives of the children a new interest in their physical welfare? Where can we find the answers to these questions when the rural and the city nurse are facing such different problems, or when the geographical location of the work influences its development?

There are, of course, certain underlying principles and ethics to which we must all adhere in order to do constructive work under any conditions. In these moot questions should we not face the situation honestly and acknowledge that a goal must be found toward which we can all work together? Perhaps we can help prevent the discouragement of nurses who have felt weighed down because of the seeming futility of their task.

Looking backward over our years of work with children in the schools and linking these early efforts and their developments with the possibilities we see for the future, we begin to have visions of the part to be played by the school nurse in the broader field now open to her. We now no longer see her as a discouraged overworked home visitor, who is sending the unfortunate child first out and then in to school or who is forcing the delinquent parent into court because he refuses to obey the school laws. Instead we see her as the hopeful, cheerful person who herself radiates good health, who stimulates the teacher to greater and better-directed effort in the classroom; who influences the superintendent or the school board to provide the opportunity for the teachers and nurses to present the normal aspects of life in such a manner that the children will unfold like little plants in the wholesome, sunshiny atmosphere; and who fulfills her most important mission when she goes from the school to the home, interpreting to the parents the same "rules of the game," taught to the children, so that the child may find

understanding and co-operation when he tries to live out the lessons in his home.

We are thinking anew about the physical examination of the pupil in the school building. Who is to make it? Those of us who have been questioning the futility of hurried, superficial examinations which discover for us, year after year, the same defects, for which we cannot find time to obtain the corrections, are welcoming the new suggestion that the school physician and school nurse delegate a part of their task to the teacher, who should acquire an intimate knowledge of the child, physically as well as mentally. Adequate instruction to the teacher in the normal schools, and greater confidence in her ability to do team work after she reaches the classroom are two of the essentials which we must recognize as important means toward solving this problem. Less frequent physical examinations, made at carefully-planned intervals and supplemented between times by subjecting the children to what is now known as "screening" (a selective process by the teacher) for the further attention of the doctor and nurse, seems a more constructive and workable plan. This would eliminate much of the routine that makes it impossible for the nurse to progress rapidly enough to inspire her to greater effort.

We next face the problem of defects. We welcome the new interest in the pre-school age which eventually will have a marked influence on this condition which now takes so much of our time and energy to combat. No one has felt more keenly than the school nurse the neglect of the runabout child. Now we look forward to the time when we shall receive into our schools hearty, well-nurtured children whose care dates back to the prenatal period. But until this much-to-be-desired day arrives, we must vigorously search for some methods which will enable us to make progress with this overwhelming task.

Why not enlist the help of the child as well as of teacher and parents? It has been done with considerable success and important results. If a plan can be worked out carefully, whereby the physical findings are charted by the teacher and nurse together, and the interest of the children enlisted, a stimulating contest can be developed, which, if properly directed, will result in a new desire for physical perfection and an awakened sense of responsibility toward their own health. When teacher, nurse and pupils are all eagerly interested in reaching the same goal, defects disappear with astonishing rapidity and a fine spirit of comradeship springs up.

The teacher who not only observes the health rules with her pupils but brings the subject into every phase of her teaching, can arouse a keen desire for a sound and healthy body. If we need a knowledge of pedagogy to teach history, why do we not need it to teach health? If we recognize

that health is not a subject apart and by itself, but of necessity interwoven with every other subject, there is surely no need to argue about who shall do the teaching. Where teachers are poorly trained and have little conception of the fundamental importance of having a healthy child to teach, the intelligent nurse must teach pupil and teacher, but this *does not necessitate supplanting the teacher.*

We believe the nurse would find herself in a stronger position, if she could become that subtle influence in the school system recognized as essential for strengthening and supplementing the work of the teacher, demonstrating the importance of proper lighting, careful seating, effective ventilation and good housekeeping, and performing as her major service, the instruction in the homes, where more psychology and less pedagogy are needed in order to break down the barriers of tradition, superstition and ignorance.

ELMIRA W. BEARS.

A NEW PERSON IN NURSING

Nursing nomenclature has had added to its list a new term.

We have long since been familiar with the terms, practical nurse, trained attendant, and nurse's aide, all denoting a subsidiary or secondary type of nurse.

Not any of these names has quite suited the condition and none of them has been satisfactorily descriptive of either the work or the function of the person for whom they were coined.

Our Canadian neighbors have given us something worth while to think about in describing a secondary type of nurse as the "Nursing Housekeeper."

Under a special act The University of Saskatchewan, in co-operation with the provincial Red Cross and the Saskatchewan Registered Nurses Association, has planned, under the direction of the University, in such government aided institutions for the care of the sick as have not already established a regular three years course for the training of nurses, a course of study of one years duration for this much needed type of worker.

By this unique organization three important things will be accomplished.

First and foremost: A great and growing need in the community never satisfactorily met will be provided for.

Second: The public and nurses will be protected from the demands and claims of unqualified and non-registered workers.

Third: The subsidiary worker herself will be raised to a dignified status through proper training, recognition and association.

It is the first organized course of this kind of which we have knowledge, and we see in it abundant opportunity.

We will watch with interest the outcome of this experiment made co-operatively by the University, The Red Cross, and the Graduate Nurses Association of the province of Saskatchewan, Canada.

AMERICAN CHILD HEALTH ASSOCIATION NURSE SCHOLARSHIP AWARDS



The committee will make a more detailed report in the October number. Their work was completed only in time to make this brief announcement.

One Thousand Dollar Fellowships

ANNE RUTH MEDCALF—*Line Fork Settlement, Letcher County, Ky.*
MARGARET WELSH—*Children's Hospital, Philadelphia, Pa.*

Eight Hundred Dollar Scholarships

FRANCES RUTH KAHL—*Child Welfare Station, Freeport, Ill.*
FLORENCE HELEN MAUD EMORY—*Department of Public Health, Toronto, Canada.*
MILENKA HERC—*Visiting Nurse Association, Detroit, Mich.*
LINNIE BEAUCHAMP—*State Board of Health, Little Rock, Ark.*

Five Hundred Dollar Scholarships

NOLA ST. CLAIRE PEASE—*Community House, Wootton, Ky.*
ROBINA KNEEBONE—*School Department, Eveleth, Minn.*

Four Hundred Dollar Scholarships

MARY E. WILLIAMS—*Tuskegee Institute, Alabama.*
MEDORA GRACE RODGERS—*Los Angeles County Health Department, California.*
ELLEN PERDUE—*Visiting Nurse Association, Denver, Colo.*
MARIE LOUISE SHANNON—*Visiting Nurse Association, Kansas City, Mo.*

Three Hundred Dollar Scholarships

CLARISSA MARIE FAWCETT—*Philadelphia General Hospital, Pa.*
MAUD FERGUSON—*American Red Cross Chapter, Murfreesboro, Tenn.*
MURIEL AMY MARTIN—*Department of Public Health, Toronto, Canada.*

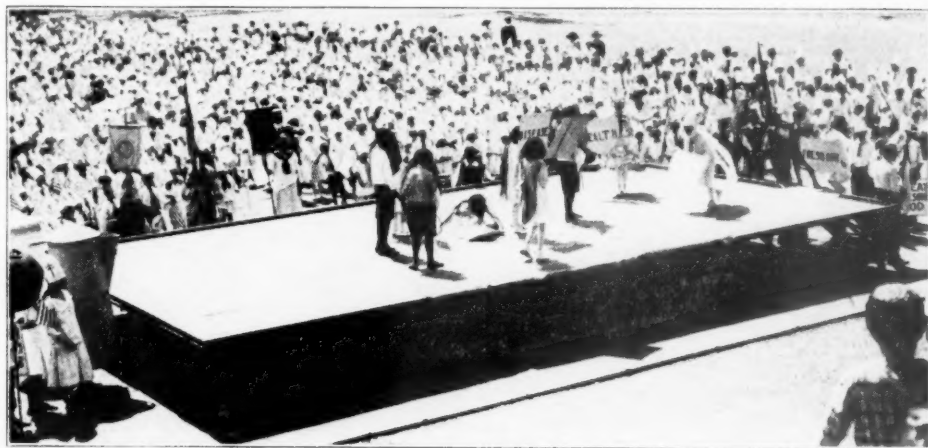
Two Hundred and Fifty Dollar Scholarships

BRIDE LEE CAWTHON—*City Board of Health, Memphis, Tenn.*
MARY ELLA CHAYER—*Board of Education, Flint, Mich.*
EDNA G. BRIDGEFORD—*State Board of Charities, Albany, N. Y.*
FLORENCE L. HAUSWALD—*State Board of Health, Louisville, Ky.*
MARGARET ELIZABETH NEWMAN—*Friends' Creek Community, Sabillasville, Md.*

LET'S ALL BE GAY!

By ELIZABETH COLE

Assistant Publicity Secretary of the National Tuberculosis Association.



An example of how the stage may be erected in an open park and attract a large audience.

John Martin puts it this way in one of his Chubby Rhymes:

"The Chubbies say, 'Let's all be gay,
When worry comes, forget it;
When good fun tries to tickle you
Lift up your hands and let it.'"

Even though John Martin's book is primarily for children, most grown-ups also can get pleasure from its clever, human verse and stories. For after all when you lose the heart of a child, as somebody has said (I don't think it was Shakespeare, although he did say almost everything), what is there left? Nowadays the grown-up is realizing what can be gained by keeping her heart of a child, with the result that she is able to deal much more sympathetically and effectively with children. Instead of wearing her mouth in a straight line, a birch rod in her right hand and employing the Nicholas Nickleby methods, the educator grown-up is as ready to lift up her hands and be tickled by good fun as the average youngster.

Teachers, health workers, mothers, nurses, everyone who comes in touch with children in schools, in groups or in homes, all try to look at life from the child's viewpoint. Their methods of education are successful in so far

as they appeal to the child's imagination and love of play. The open-minded spontaneity of childhood can only be appreciated when one is willing to lift up her hands and let good fun make her laugh. And after all, work and play are pretty much one and the same. If either is entered into without a spirit of enthusiasm, imagination and genuine liking, the individual will seldom be getting a full measure out of life. Unless she has that faculty of entering in and "letting" happiness (or good fun) come her way, life will usually be a pretty glum proposition.

Now all this is leading up to the "letting" of fun enter into the teaching of lessons, and especially into the teaching of the lessons of healthy living. Games, stories, motion pictures, health clowns and fairies, plays—all are important elements in "putting over" the message of health. And there is probably no person more necessary in making this message effective than the public health nurse. She is a sort of connecting link between the home, the clinic and the school. She has a great opportunity to be an influence for individuals as well as for groups and communities.

In families where she frequently visits her word is law; while in the schools she can also bring about great changes. An idea of hers is nearly always carried out.

And so her influence for the use of the various forms of health propaganda can be quite extensive. She realizes that the teaching of health through the medium of the health play is here to stay. And alas, she also realizes that it is most unfortunate we have so few good plays to offer our children. They like to act. Indeed grown-ups join them in this liking, and grown-ups not only enjoy taking part in the plays, but they also love to see their little sons, daughters, nieces or nephews strutting about upon the stage.

It matters little how crude are the costumes and the settings or how many difficulties had to be overcome in preparing for the grand night of the production, if only the lines of the play are worth while and the message of health is positive and well brought out. As a matter of fact, the plays in which the children and play directors have had to use ingenuity and imagination will be the most fun and give the greatest benefit and joy to both actors and audience. It is the plays with poor construction, erroneous or negative views of health, long speeches, lack of coherence and consistency that can do much harm.

There are now in the market many health plays and pageants—some excellent, some indifferently good and others, really harmful. Twenty-five were collected for recommendation last year by a Committee on Health Plays for the National Health Council. This collection, listed and distributed by the National Tuberculosis Association, is probably widely known by now. The descriptive circular is called "Plays and Pageantry" and may be secured through the National Health Council, the National Organization for Public Health Nursing or the National Tuberculosis Association and its affiliated agencies.

What is needed now, however, is

a greater number and variety of plays. With more health workers, nurses and teachers inspired to write, or instigate others to write well-constructed, entertaining, lively plays we can do wonders in this field for children's health. As a guide to those who may feel so inspired, a few general and simple rules of playwriting are given.



Sympathy of the grown-up with her little daughter is expressed in this tableau. The mother's costume is imaginative and suggestive of the romance of olden days.

To begin with, every real play, whether it be a farce, a one-act, three or four-act production, a health play, or a problem play must have a proposition, that is, a brief logical statement of what has to be demonstrated by the complete action of the play. It must have a plot which is the combination of happenings that solve the proposition. This plot must be governed by unity, the action must be governed by cause and effect and the scenes must come in proper sequence. The dialogue of each individual character must be consistent. For example, in one play recently read, a person in the play spoke one speech in high-flown, poetic language.

In the next speech she says something like, "Oh, yes! Come right in!" instead of continuing in her former poetic vein with "Ah yes, enter!"

The plot in the average health play of course will not be complicated but it will develop a theme which must always have a positive health message. This message will be hinted at in the beginning of the play, emphasized at the climax and left important at the dénouement. It must not be didactic, or forced, but subtle and inoffensive. The speeches should be short, natural and contain words that children will understand the meanings of and like to say. They love imaginative words and the above requirement by no means suggests that only words of two syllables be used. The situations should be easy to visualize and interpret. Avoid mixing fairylands with tenements.

In most cases the scenery will have to be simple and the costumes also, for no play can be so helpful as the one in which the actors themselves have something to say about how they wish their play to be set and costumed.

Be careful, however, to know the period of which you write and keep the costumes correct. A book with helpful interesting material to read is "Costumes and Scenery for Amateurs," by Constance D'Arcy Mackay. Read also her "Plays of the Pioneers," a selection of period plays that will give one ideas for a good short play. As a matter of fact, an excellent way to get into the spirit of writing dialogue is to read a number of short plays. Browse in a library and read here and there bits from a variety of plays. It is impossible to give here a list of good ones, but J. M. Barrie's "Half Hours" contains four sparkling inspirations, each different. The health plays that are to be written in the future may well be modelled after the works of the best playwrights.

In the text of the play, suggestions rather than specific directions may be given. Suggestions for the interpolating of dances and songs will

also allow a group to work with spontaneity and originality.

Indeed the big thing to remember in writing a play, as well as in the acting of one, is that the health play primarily is to amuse and entertain and nobody gives two cents for one that is not spontaneous and unlabored. It must go off with life and enthusiasm. Hence, it must be written in the same spirit.

There is not time enough in the short play to develop many ideas and these should be chosen with care. Clayton Hamilton in "Studies in Stagecraft" has said, "The playwright of short plays should open a momentary little vista upon life and then—with a sort of wistful smile—should ring the curtain down."

Sometimes it is possible to take various situations and lines from other plays, put them together consistently and with little effort derive an effective production. You have something you wish to impress on the public and you work out a combination of plays and have a successful result. The "Health Fairies" (not listed in "Plays and Pageantry") is an example of this. The Crusade leader in Richmond, Va. wished to show just what the Modern Health Crusade stands for, and the resulting arrangement is an attractive little playlet. Typewritten, loose-leaved copies of her play, sent out by the Richmond Tuberculosis Association, suggest to others what may be done by pupils and teacher. A similar attempt was made by a little colored girl in the eighth grade. Her play is given below.

The American Child Health Association, took Mrs. Peterson's stories and worked them into play form, with dialogue and living characters. The "Brushes Quarrel" was written by a class in school after they had read in their Healthy Living Reader, Dr. C. E. A. Winslow's story by that title.

The health play is in but its embryonic state, as it were, and there is no end to the opportunities for its future progress and development.

The author believes there is no better way to get into the spirit of writing any sort of a play than by *reading, reading, reading* plays—criticizing them for good points and bad points, understanding especially the effect of dialogue as it succeeds or fails in telling the story. Four books that may be of practical assistance in studying further this art are: Clayton Hamilton's "What is a Play?" and "The Theory of the

Theatre," "Principles of Play Making" by Brander Matthews, "Practical Stage Directing for Amateurs" by Emerson Taylor.

With every health worker, enthusiastic and willing to experiment with ideas and construction, and helpful in encouraging others to write, there is no reason why the health play cannot become one of the most pleasant elements in the big campaign to make healthy Americans.



Under the Auspices of the New York Tuberculosis Association these Public School Children Had Fun Costuming and Producing their Health Play.

BATHING THE BABY

This little play was written by *Rose Ellen Parker*, a little colored girl in the eighth grade of the Booker T. Washington School in Louisville, Kentucky, for the graduation exercises of her class in the Little Mothers' League. The demonstration was based entirely on the teaching of the nurse holding the class. It was given as a play with great success, with every detail carried out perfectly.

CHARACTERS

Mother

Two Daughters

Rosa and Nellie running into the kitchen:
Good morning, mother.

Mother: Good morning, children.

Nellie: Mother, we were just over to see Mrs. Jones' baby.

Rosa: It is two months old. As we are in the Little Mothers' League at school, we thought perhaps we could tell her a few things that she should know.

Mother: Can't she attend to her own baby?

Rosa: Of course, mother, if she knew how.

Nellie: It cried the whole time we were there.

Rosa: Couldn't you see why it cried?

Nellie: I could see that it was uncomfortable in every way.

Rosa: Mother, the baby's diaper was soiled, clothes were dirty and besides all this, they

were too heavy for this hot weather. Nellie, do you remember what Miss Lucas told us about baby's clothing?

Nellie: Yes, I do. Miss Lucas said that baby's clothing should be adapted according to the season and must be loose and roomy. Mrs. Jones jumped the baby up and down right after feeding her.

Rosa: That was one thing that helped to make the baby sick. Mother, you know we always lay baby Ruby in her crib to rest right after feeding her.

Mother: Yes, you do, Rosa.

Rosa: The baby weighed ten (10) pounds at birth and now it only weighs eight and one half (8½) pounds. Instead of Mrs. Jones calling the doctor for the baby since she knows it is sick, she feeds it when it cries. Mother, the day Nellie and I were there, Mrs. Jones was sitting back in a chair with the house all dirty, just as well contented as if it were spotless. The flies are enough to eat the baby up, for she has no screens at her doors or windows.

Nellie: Mrs. Jones takes advice from her neighbors about what to feed her baby.

Rosa: When we go over this afternoon, I will be sure to tell her to let a doctor or nurse give her advice about her baby's feeding.

Nellie: Mother, Mrs. Jones said if we would come over this afternoon, she would let us bathe her baby.

Mother: Why you have never bathed your own sister.

Rosa: Oh! Let us bathe her now.

Mother: Do you know how?

Nellie: Oh! Of course mother.

Rosa: May I bathe her?

Nellie: Then may I dress her?

Mother: Yes, you may.

Nellie: Now what things shall we need?

Rosa: One basin, two towels, a bar of ivory soap, a wash cloth, a box of baby's talcum powder.

Nellie: Don't forget to lay out baby's clean clothes and a pad to lay her on (Mother undresses the baby).

Rosa: First, I will test the water with my elbow. Now, it is just the right temperature. I will wash baby's face, neck and ears without soap, because it irritates her skin, then it is likely to get into her eyes. Next I will soap her body. Now she is ready for the tub.

Nellie: Just look how Ruby enjoys the water.

Rosa: I know she will hate to get out. Now, I will pat baby thoroughly dry.

Nellie: Be sure to wipe all the parts dry, to prevent her from chapping. Always hold the back of baby's head when lifting her.

Rosa: Now I will powder baby.

Nellie: Sprinkle the powder on baby first, then spread it over the body with your hand.

Rosa: Now Nellie, you may dress Ruby.

Nellie: A Ruben's shirt is always best for baby, because it has no buttons, button holes or seams to rub baby's skin (Holds up a well-folded diaper).

Rosa: It is always best to pin baby's diaper on the sides with safety pins. Never use a common pin.

Nellie: When dressing baby, always slip the clothes on over baby's feet to prevent lint from getting in her eyes.

Rosa: Why do you put baby's skirt and dress on separately, Nellie, when Miss Lucas said it was much easier to put the skirt in the dress and put them on together?

Mother: Now, mother's baby is nice and clean and ready for her morning nap.

Nellie: Mother, may we go to Mrs. Jones?

Mother: Children that was fine. You may go when you have cleared away everything.

Rosa: Come sister dear, and help me.

Rosa and Nellie: Goodbye, mother.

Mother: Goodbye, children.

AGAIN VITAMINS

There are hints of vitamins in history. Thus Xenophon advised the Persians to give their children watercress to increase their stature, just as McCollum today advises the Japanese to give their children milk with a similar object. Caesar records that in the spring the vitamin-hungry Helvetii came down from the Swiss mountains and raided the valleys of Italy for cabbages. They say that in our time the Italian laborers working on Alpine roads invariably leave their work in the spring and come back laden with baskets of green-stuff. It is not only the poor who go short of vitamins, and American doctors record cases of deficient diets and resulting ill-health among the pampered children of millionaires. It may be that Nebuchadnezzar's evil dreams were due to vitamin-starvation, because we are told that he took to the simple life and ate green grass for a cure. . . .

Not the least interesting about the "newer knowledge" is that it very largely confirms the belief of our forefathers who lived in the country and had plenty of dairy products, green vegetables and fruit.

I have tried to condense the essentials into a couplet:

A pint of milk, egg, orange and greens
Will give you your daily vitamins."

—From "Diet Deficiencies in Relation to Public Health," Harold Scurfield, M.D., D.P.H., in "The Medical Officer."

TEACHER SCHOLARSHIP AWARDS



UNDER an appropriation of \$10,000 made by the American Child Health Association, twenty-five teachers from fourteen states have been awarded fellowships and scholarships for special study in health education.

The widespread interest occasioned by the announcement of these scholarships proved that teachers realize the importance of health teaching and are eager to do all they can; that teacher training in health work has been far behind the needs of the schools and the teachers; and that teachers recognize this handicap and are ready to secure additional preparation.

Of the nearly three thousand teachers who were recommended to the Committee on Awards for outstanding health work, six hundred made application for the various scholarships. Every type of teacher working toward health is included among the twenty-five selected; the first grade, and the one room country school teacher, the instructor in college or normal school, the public school principal and superintendent, the teacher of special classes, and the high school science instructor. The choice is as representative geographically speaking as it is professionally.

The American Child Health Association believes that this is but the first step in an endeavor to meet a new need.

One Thousand Dollar Fellowships

CLARA M. GREENOUGH

Health Supervisor, State Normal School, Cheney, Wash.

MRS. O. W. WILCOX

Principal of School, Bellaire, Texas.

BESSIE NOYES

Professor of Biology, N. C. Woman's College, Greensboro, N. C.

JEANNIE M. PINCKNEY

Home Economics Extension Worker, University of Texas, Austin, Texas.

HERMAN PINKERTON

Principal of High School, Mount Juliet, Tennessee.

PAUL A. THOMPSON

Teacher of Hygiene, De Witt Clinton High School, New York City.

Five Hundred Dollar Scholarships

MYRTLE E. BARKER

Head of Science Department, Sioux City High School, Sioux City, Iowa.

ILLA MUFFETT CALDWELL

Teacher, Junior High School, Gilbert, Minn.

HELEN D. FREEBORN

School Secretary, Washington Junior High School, Rochester, N. Y.

EDITH MAY GARRETSON

Teacher of English to Foreign Adults, State Department of Education, New York.

MAY R. PRINGLE

Principal of School, Detroit, Mich.

Summer School Scholarships

A. W. BLACKMAN

Instructor in Physical Education, Peabody College, Nashville, Tenn.

MARY B. BROOKS

Normal Supervisor of Intermediate Grades, Georgia State College for Women, Milledgeville, Ga.

DARLENE PEARL CADOT

Teacher of First Grade, Mansfield, Ohio

MARY B. DEE

Fresh Air School, Worcester, Mass.

ALICE V. DROUIN

Principal of Elementary School, Detroit, Mich.

MARY DUGAN

Teacher in One Room Rural School, Fishkill, N. Y.

MRS. WINIFRED HART

Supervisor of Health Education, Public Schools of Bridgeport, Bridgeport, Conn.

FLORENCE IMLAY

Nutrition Specialist, Iowa State College, Ames, Iowa.

VIRNA JOHNSON

Teacher of Fifth and Sixth Grades, Fargo N. D.

HENRY E. KOCK

Health Physician and Teacher of General Science in High School, Cincinnati, Ohio.

EFFIE KNOWLTON

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THE GROWTH OF THE SOCIAL POINT OF VIEW IN MEDICAL AND HEALTH EDUCATION*

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IN a discussion of this kind it is quite necessary, of course, that we have as clear an idea as possible as to just what we mean when we use the words "social point of view." Like many other pleasant sounding phrases, this term is used by many persons glibly enough, without any really clear conception as to just what the term actually does mean. In default of any prior understanding as to the meaning of the term, it is permissible, I suppose, for each speaker to define the term for himself.

For the purposes of this paper, therefore, we shall consider the social point of view as that point of view which recognizes that cases of social maladjustment result usually from the interaction of a number of social factors, and that the solution of the problems presented by such cases of maladjustment can be had only through the co-ordinated efforts of persons especially familiar with the operation and control of these various factors. Specifically, therefore, the question propounded may be restated as follows: what progress is being made in the task of acquainting students of medicine and of public health with the influence of poverty, delinquency and defect in the causation of disease; with the influence of disease in causing poverty, delinquency and defect; and with the forces and agencies at present at work in an endeavor to control these factors?

Superficially, this question might be answered quite easily by stating that, so far as any formal effort at instruction is concerned, there is no very evident growth of social viewpoint in these schools and this paper

might, without doing serious violence to the facts, be concluded with this statement. Fortunately, however, education, even in educational institutions, is not confined to matters taught in formal courses, and we may discover signs of a slow but somewhat encouraging growth of the social point of view in schools of medicine and of public health if we observe closely. Starting with the pioneer work of Doctor Cabot in Boston and of Doctor Emerson in Baltimore, in endeavoring to bring students of medicine into first hand contact with social problems and growing with the development of hospital social service, we find the medical student, at least during his period of service in a hospital, thrown more and more into contact with social problems and social workers, and getting a more vivid and accurate picture of what modern social work means.

That this process has been slow and that social work has found so little expression in the actual teaching of medical students, is somewhat inexplicable. Individual physicians everywhere realize the very close touch between medical problems and other social problems, and socially minded physicians are to be found serving on boards and working in close co-operation in the field with practically every social agency in the country. Such co-operation is, however, almost always purely personal, and there is nowhere, to the knowledge of your speaker, any real, official liaison between the original medical profession or organized medical teaching on the one hand and the organized social agencies on the other.

Mention should be made at this point of the very important develop-

*Read at the National Conference of Social Work, Washington, D. C., May, 1923.

ments in connection with the teaching of pediatrics in a number of medical schools. In some half dozen medical schools in different parts of the country effort is being made by professors of pediatrics to bring their students into direct contact with the field problems of pediatrics. This is accomplished through service in welfare stations and sometimes through visits to the home of individual cases. The effect of this effort in enlarging the horizon of the student is, of course, direct and immediate. Here again, however, the effort is generally dependent upon the personal interest and enthusiasm of the individual teacher of pediatrics.

That hospital social work has not affected the point of view of the medical student more than it has and has not succeeded as yet in securing a place in the scheme of teaching, is another reflection, of course, of the psychology of specialization. Specialization leads to the development of great skill and interest in the special field, but also leads inevitably to a loss of interest in other fields. The physician in the hospital, concerned as he necessarily is with the medical aspects of the case before him, does not find it easy to look from the disease itself to the circumstances under which it developed. The resident staff, particularly, of a hospital quickly loses touch with affairs in the world outside and comes to live in a special and wholly unnatural world. The psychology of the physician, therefore, undoubtedly contributes largely to the lack of co-ordination between medical work and social service. The fault is not all, however, on the side of the physician. The social worker has her own psychology and contributes her part to the building of the wall between medicine and social service.

Another cause for the failure of the social worker to impress the importance of the social point of view upon the medical student is the very common belief among workers in special fields that there is something es-

entially difficult or mysterious in their own work and that it is useless, or worse than useless, to endeavor to communicate any adequate idea of that work to a person having less preparation and experience than they themselves possess. This belief is due to lack of clear comprehension, on the part of those holding it, of the difference between the principles of any subject and the technique of applying those principles. It is perfectly true that successfully to apply the principles of social work to any particular case requires knowledge, training and experience. If these principles are true principles, however, and not merely personal generalizations from experience, they may be comprehended by any person of average intelligence. It might be said that one of the best tests of the truth and soundness of any principle in any science is the possibility of expressing that principle in non-technical and easily comprehended terms. If the social worker, therefore, thrown in contact with the medical student will cease to make a mystery of social work and endeavor to explain the principles of such work to the student without any affectation of superior knowledge or appearance of didacticism, the result will not infrequently be beneficial in more ways than one.

That the growth of the social point of view in medical schools could be much hastened by the giving of formal courses of instructions, is, of course, apparent. In spite of the present frightfully overcrowded condition of the medical curriculum, this is not, in all probability, impossible of achievement. The success of such a course depends on the ability of the teacher to simplify the subject and to avoid over-elaboration of details.

The schools of public health, though as yet few in number, will inevitably exercise an influence on the general psychology of health administration far greater than the numbers of their graduates would lead us to believe. The student in such a school, even in the absence of formal instruction

in social work, cannot escape being far more impressed with the importance of social forces in the causation of disease than is the student of medicine. He is trained from the beginning to think of disease in terms of mass rather than of individuals and to seek for general rather than special causes. His statistical training necessitates, of course, that he take cognizance of social forces in all his calculations, and his field investigations bring the tangible results of the operation of social forces clearly to his mind. The student of public health, therefore, cannot escape what is essentially the social point of view.

Again, that this point of view could be made more definite and effective for such students by systematic instruction in the principles of social work is, of course, evident. Here too the principal obstacle is the overcrowded condition of the curriculum. The introduction of such courses is

already under serious consideration in the schools of public health and will, I trust, soon be an accomplished fact.

Reviewing the field, we may say, I think, that the process of integrating medicine and public health with other social agencies has begun. The progress, while slow, is in the right direction. For the final accomplishment of our aim we may be forced to await the appearance of a real integrator, who will sum up the present scattered knowledge of the physiology, pathology and therapeutics of community life into a social doctrine to be accepted by all. On the other hand, this integration may be brought about by a concerted effort on the part of all of us day laborers in the various fields of endeavor to understand the hopes and aims of workers in other fields and to develop a mass psychology among the workers in all fields that will lead us to our goal, a real social program.

STANDARDS OF TRAINING FOR HOSPITAL SOCIAL SERVICE

Another Report on Training for workers closely allied to public health nursing has just been published by the American Hospital Association. This is a Report of the Committee on Training for Hospital Social Service Work.

This report recommends a course of training covering a period of two academic years based upon a background of at least three years of study after graduation from high school. This requirement is sufficiently elastic to permit consideration of college work, nurses training and certain other types of systematic education.

The subject matter of the courses is chosen to give a medical and social background and to establish the technique of this special work with emphasis on the social or medical according to the background of work the students offer.

A differentiation is made in the second year between training for medical and training for psychiatric social work.

This report has much valuable material relating to the qualifications necessary for Hospital Social Service work, subject matter of training and methods of instruction.

It may be obtained from The American Hospital Association, 22 East Ontario Street, Chicago, Illinois. Price 50 cents.

NATIONAL HEALTH COUNCIL
NEW YORK CITY

Be Sure of Your Health



Have a Health Examination on Your Birthday

ASK YOUR DOCTOR

Poster prepared by National Health Council
(See page 477)

HEALTH EXAMINATION FOR EVERYONE!

The Role of the Public Health Nurse in the Campaign

HEALTH examination for 10,000,000 people! This is the goal set by the National Health Council to be reached by July 4, 1924.

What a tremendous challenge to the public health nurse. What group of health workers has greater opportunity to teach the value of taking a human inventory.

The campaign is thoroughly organized. It is planned to form state and local committees, headed by the health officer, which shall function with the support of the medical profession, volunteer health associations, women's organizations, commercial and industrial agencies, and interested citizens. Publicity material, such as pamphlets, posters, lantern slides and moving pictures, is available and can be obtained through the National Health Council, 370 Seventh Ave., N. Y. C., or through local health departments. Record forms to be used by the physicians or in clinics, for the examinations, may be obtained from the American Medical Association, 535 Dearborn Street, Chicago.

This is a serious undertaking that the National Health Council is sponsoring. The movement is endorsed by the American Medical Association. We should give it immediate and thoughtful attention, and each public health nurse should assume her full share of responsibility toward making it a complete success. Let us lend our assistance in an intelligent, systematic way. We might well follow the example of the members of the organizations forming the National Health Council, who are obtaining their own thorough examination before they start the campaign for the rest of the 10,000,000. It is suggested that we have this examination on our birthday, but we can get quicker response from our communities if we make the first move.

Our second responsibility is to obtain a thorough examination for every person under our care. This will mean as careful planning as was necessary for the campaign for Children's Year. Nurses have a unique opportunity to stimulate the local authorities to immediate organization of the committees, if their particular state, county or city has not yet responded to the call. The public health nurse should be the right hand assistant of the local health officials and should volunteer her services to help rally the forces. This does not mean that she should assume the task of reaching each individual herself. Much of the educational value of this campaign will lie in stimulating lay people to take responsibility in helping to organize locally. Also no opportunity should be lost to teach the value of an individual periodical inventory of health.

Each group of public health nurses is already working toward this goal with a limited number of children or adults. It is possible to enlarge our present program to include a much greater number. The bedside nurse can add the weight of her influence with her families, who are going to become both curious and interested as the result of country-wide publicity. The school nurse can be a vital influence in this movement, by lending intelligent and enthusiastic assistance to the health department or the school authorities in planning for systematic examinations of school children, either through the family physician or the school medical inspector, in the presence of parents. She will find the teacher a ready and indispensable aid. Why not stimulate the teachers to obtain their own examinations before they begin to organize the work with their pupils? A certain percentage of mothers are already familiar with the value of

giving the infant and toddler regular examinations. We suggest the opportunity of reaching a still larger group of mothers by having representatives of the Parent-Teacher Associations on local committees.

There are countless ways in which we can add our contribution to this national movement. We are fully alive to the necessity of some definite action to awaken the consciousness of the American people to their responsibility for conserving life. When we are told that three out of four persons in this country have physi-

cal defects; that one-third of our men in the prime of life were rejected by the army as physically unfit; and that the annual economic loss to this country is more than \$3,000,000,000 through preventable diseases and deaths, these facts should stir us to give to the utmost of our strength, the knowledge which will influence those about us to join in this movement.

As nurses, we should support a campaign which will help to lay a firm foundation for our future work.

HEALTH EXAMINATION PUBLICITY MATERIAL

1. An attractive eight-page pamphlet on Health Examination—
In quantities of not less than 100..... 3 cents each
Order from *National Health Council*, 370 Seventh Avenue, New York City.
2. Poster, "Be Sure of Your Health." 15 x 19 inches, red and black, reproduced in this issue....10c
Order from *National Health Council*, 370 Seventh Avenue, New York City.
3. Poster, "How's Your Health?" 15 x 19 inches, black and white.....6 cents
Order from *National Tuberculosis Association*, 370 Seventh Ave., New York City.
4. Lantern Slides, Set of 30—
For sale, packed and with lecture outline.....\$15.00
For Rent, per showing..... 3.00
Order from *Jonathan A. Rawson, Jr.*, 18 East 37th Street, New York City.
5. Moving Picture, "Working for Dear Life."
Produced with advice of National Health Council by Metropolitan Life Insurance Co.
This film, ready in the fall of 1923, will be loaned free, except for transportation charges, to health departments, women's clubs, lodges, granges, and other organizations.

TULARAEMIA: A NEW DISEASE OF MEN

Tularaemia is a specific infectious disease due to *Bacterium tularense*, and is transmitted from rodents to man by the bite of an infected blood-sucking insect or by the handling and dissection of infected rodents by market men or laboratory workers.

Tularaemia is confined to the United States so far as is now known. It has been found from the Atlantic to the Pacific coast.

EDWARD FRANCIS, M. D., Surgeon, *United States Public Health Service*.
International Clinics, Vol II, Thirty-third Series, 1923. J. B. Lippincott Co.

The disease is so named from the causative organism, *Bacterium tularense*, found in the blood, which, in 1912, was discovered by McCoy and Chapin as the cause of a fatal epidemic prevalent among the ground squirrels in Tulare County, Calif. The name Tulare is derived from the reed, tule, a large variety of bulrush with which the extensive marshes of that region were once covered.

Previous articles on tularaemia (I-VIII), dealing with its occurrence in nature as a disease of man, experimental transmission of the disease, its occurrence in laboratory workers, and cultivation of *Bacterium tularense* on mediums new to the organism, were originally published in *Public Health Reports*, Vols. 36 (1921) and 37 (1922). These articles have been combined and reprinted in pamphlet form as *Hygienic Laboratory Bulletin* No. 130. For a summary of the first seven articles see "Tularaemia: A New Disease of Man", by Edward Francis. *Jour. Am. Med. Assoc.*, Vol. 78, 1922, pp. 1015-1018.

U. S. Public Health Service Report, June 22, 1923.

The above is a footnote to an article on Tularaemia in the *Washington, D. C. Market*.

THE APPRENTICESHIP SYSTEM IN PUBLIC HEALTH NURSING COURSES*

BY MARION RICE
Boston Community Health Association

IT IS illuminating to those of us who have come into educational work in public health nursing after hospitals, to see how often the problems we meet are fundamentally similar to those existing in training schools. Some of these problems and the solutions we have found may perhaps be interesting to those who are struggling with the same difficulties in undergraduate education. The fact that stands out is that in the development of public health nursing the apprenticeship system has been abolished.

Like many others, I had always supposed that public health nursing was on the crest of the wave, that it had had nothing to contend with, that it had been swept to its present position through no effort of its own, and that it could get anything it wanted without undue effort, especially money. This is not so. Public health nursing has worked hard for all that it has. Particularly is this true of training courses in public health nursing which in almost all cases have been under every kind of difficulty, especially in regard to money and personnel.

But wherever public health nursing courses have been able to secure both money and personnel, it has been possible to work out a method of training which has been more satisfactory than it could possibly have been if it had labored under the disadvantage of the apprenticeship system. Public health nursing education, it should be remembered, is an example of a form of nurse training which does not depend on the apprenticeship system. The question which arises is whether certain methods which have been found possible here, may not be applied advantageously

to the problems of undergraduate education in hospitals.

The training of public health nurses started in more or less the same way that the first training of nurses began, with practical work. Nurses who wished to know how visiting nursing was done, went to a district nursing association for "experience" and stayed from a day to a year. To systematize this haphazard work of instruction, in 1906 the Instructive District Nursing Association in Boston started the first course for public health nurses. This was a great step in advance. However, the course was carried on as far as possible after the hospital method. The students had to live at the Central House of the District Nursing Association, just because they had been obliged to live in nurses' homes at the hospitals. When they came in from the district they were obliged to change from their blue uniforms to white and put on white caps, because they wore them in hospitals.

In those days students might enter the course at any time and were paid for their work, thus following the usual hospital tradition of the time. They did all the nursing in a certain district just as the staff nurses carried on the work in other districts. The instruction given them was limited and irregular. Senior pupil nurses from hospitals were also sent for what experience they could get. They were there to do the work and learn what they could from it, but were given no properly organized instruction. Needless to say there was no time nor chance to learn real community health work. Such a method, like all other apprenticeship systems, was unjust to the pupils.

While the older courses began in

*Read at the Annual Meeting of the National League of Nursing Education, Swampscott, Mass., June, 1923.

this manner under executive nursing organizations just as the training schools started under hospitals, they did not remain so. To-day all courses are conducted by educational institutions. There are several reasons for this change. Nurses are more than a generation farther on. Their past experience with the training school and its hospital connection has not satisfied them. An even more potent factor has been their demand when they again become students, for more and better instruction such as colleges or universities alone could give.

Courses in public health nursing necessarily include theoretical and practical work. Both are essential. It is idle to discuss which is more important since neither is complete without the other. The final test, however, of all her training is the way the nurse actually functions in the home, the impression she makes, what she accomplishes, the spirit and understanding with which she works. Thus it would be as disastrous in our plan of education to neglect the work in the practice field, as it would be for the training school to put up with inadequate teaching in the hospital wards. The importance of employing the best method of instruction in the practice field cannot be overestimated.

Courses in public health nursing usually secure practical work for their students by making arrangements with executive organizations. For instance, the School of Public Health Nursing in Boston, sends its students for part of their field work to the Community Health Association and the School pays this Association for the practical teaching given by supervisors. The organization of these large visiting nursing associations in some ways is not unlike that of the nursing service of a hospital. The city is divided into districts in somewhat the same way the hospital is divided into wards. The supervisor of each district, with her staff of from four to twelve or more nurses, corresponds in a sense

to the head nurse of a ward and the nurses under her. The Director of the association and her various assistants correspond to the superintendent of the training school and her assistants. But there is this essential difference: The hospital depends on the pupil nurses to carry on its work while the public health nursing association depends on a staff of paid graduate nurses, the students in that association being extra workers, there primarily for their educational needs and not for service to the organization.

At the present time in Boston in the School of Public Health Nursing, students are sent to different districts of the Community Health Association, the number assigned to each supervisor varying from one to four. I do not wish to convey the idea that students are sent to every supervisor, for in some cases the geographical situation of the district, or the character of the work make this inadvisable. Furthermore we do not assign students to supervisors, however good executives they may be, in whom the desire and a certain amount of ability to teach cannot be developed. Wherever there are students, they and the paid members of the staff work side by side. Through this arrangement it is possible for each student to carry a carefully selected group of cases illustrating different social as well as health problems. She can have sufficient supervision and she has the benefit of associating with the regular workers. Moreover, the staff benefits from association with the students, who bring fresh points of view and inquiring minds to the work. Not only is there no friction between the two groups, but the interest displayed by the staff nurses in helping students is tremendous. More than one supervisor has said to me, "I should hate to feel I could not have students; they keep us all awake and anxious not to fall below the best standards of work."

This successful mingling of students and graduates is illuminating since

many hospitals are introducing a paid staff and will probably have to do so more extensively in the future. At least some of this staff must be graduate nurses. Many hospital executives say that a paid staff of graduate nurses is not satisfactory because graduates will not work under supervision of head nurses. Nevertheless it is a fact that all over the country graduates are working under direction in public health nursing associations. They not only accept but welcome supervision, and work well under nurses who may be even younger than themselves both in years and experience, if they recognize the ability of those persons to teach and direct. It seems hard to believe that graduate nurses essentially change their natures when they go into public health nursing.

We have had experience in the past with a district entirely staffed by students, a supervisor and assistants. While there were certain advantages, they have not seemed to us enough to continue this plan. Here is a close parallel to a ward entirely staffed by pupils. One disadvantage was that the number of students entering in different classes was irregular; sometimes there were not enough, especially when work was heavy. Because of this there was inevitably a tendency to admit less desirable applicants to keep up the number of workers needed. The cases carried by each student could not be carefully selected so that she might get the best experience in a limited time. Moreover, the students did not have the advantage of working with expert staff nurses and while they had a certain esprit de corps as students, they did not come in contact with the splendid morale found among the graduate nurses on the staff. It was hard to manage the work since all the students attended the same classes, and it was impossible to release them for outside lectures however great their value. For example, when a three day school nursing institute came last year which we considered an extra-

ordinary opportunity, we arranged for all the students to attend. It would have been impossible to do so if we had been dependent on them to carry all the regular work in even one district of the city. Under the present plan the fluctuating number of students does not make as much difficulty for the Association as it did when they staffed a whole district. Although the students are not dependent on for their work, they do nevertheless carry responsibility. If they did not, the work would lose its reality and they would have no chance to develop into practical, efficient workers. Such work with responsibility must be interrupted as little as possible. In our experience, field work broken too much by classes, observation and other activities fails to develop the kind of worker we want to employ subsequently. We therefore advocate blocks of field work with only enough class work to illuminate it, and other blocks devoted to theoretical work.

If it were true, as is often said, that the practical work in hospitals and public health nursing courses is like laboratory work in college, the need for approximately continuous work in the practice field would not be essential. However, in a laboratory one has controlled conditions; a stage set for certain experiments which will turn out in a certain manner; a definite plan of instruction which can be carried out to the letter. Nothing is less like this than hospitals and homes where we must take what comes along; where conditions are never the same and cannot be controlled. The only thing to say is that the practical work in public health nursing and in social work is a new field of teaching, where procedures, standards, and technique need much study in order to build up the most efficient method of instruction. Although the plan of instruction in training nurses has something in common with the project method and laboratory work, the resemblance must not be carried too far.

The instructor on the faculty of

the public health nursing school who is responsible for student's field work, must, we feel from our experience, function through the supervisors. Even if we wished the instruction to be given by special teaching supervisors who were not in charge of districts, it would be impossible to give the same sort of individual instruction that we do by our present method, unless we had a teaching staff so large that the expense would be prohibitive. For it almost always happens that students in different parts of the city are carrying cases in regard to which they must have detailed instruction at once if they are to profit by their opportunities. The supervisor who is in touch constantly with her cases and the resources of her district is the only one who can give effective instruction at the moment when it is most needed.

It is clearly one of the most important duties of the instructor to develop in the supervisors of the districts to which students are sent, an interest in teaching and some understanding of teaching methods. This is one of her primary duties and is not less important than outlining the content of the work and the necessary norms to test achievement. Does not this suggest that in the training schools, the teaching supervisor, that much-talked-of but as yet somewhat undefined person, should function through the head nurses? From our own experience, it hardly seems possible that in a large training school a teaching supervisor could give all the ward instruction necessary. One objection that is often raised to placing responsibility for ward instruction on head nurses is the impossibility of finding a sufficient number who are capable of teaching. Might it not be possible that with added interest coming from responsibility

for the instruction of the pupils, more of those nurses who now go into other lines of work might prefer to remain in the hospitals? The teaching head nurse would of course require additional help with her executive work, just as the supervisor in a public health nursing district who is in charge of teaching students must have sufficient assistance.

These subjects which I have touched on, the abolishing of the apprenticeship systems, the direction of courses by colleges or universities, the arrangement with executive organizations for the practical work, the importance of the instruction in this field, the function of the teaching supervisor, all these seem to me of outstanding interest in considering the problems which both the training school and the public health nursing courses have to meet. I wish I had time to discuss others of hardly less interest, such as correlation of theoretical and practical work, problems of so-called discipline, the housing of students, and supervision of their health. However, in almost all of these problems, the fact stands out that a satisfactory solution is possible in schools such as ours where students are not depended on for their work. If the defects of the apprenticeship system can be removed in public health nursing courses, why, if money and personnel are forthcoming, cannot the same eventually be done in hospital training schools?

It is on the whole gratifying to feel that there are so many similarities between the problems of the training school and public health nursing education since they emphasize the unity which we like to feel not only in education but in all forms of nursing work.

A REPORT AND A LETTER FROM THE PHILIPPINE ISLANDS



A Hazardous Mode of Transit in the Islands

A Report of the First Course in Public Health Nursing in the Philippines has just been received. This course was established by the Philippine Health Service in co-operation with the University of the Philippines, the Philippine General Hospital, the Bureau of Public Welfare, the Red Cross and other charitable and philanthropic organizations in Manila. It covered a period of six months from August 1st to January 31, 1923.

Very interestingly the course was carried out along the lines of courses in the United States, with special reference to the organization and administration of the work in the Philippines, and the special problems of both urban and rural districts there.

The practical work which was offered illustrates the important social institutions of the Philippines, and indicates the problems of disease prevention and control peculiar to the country.

For instance, the Public Welfare Commission gave a four weeks (mornings only) experience in "Puericulture Centres, Day Nurseries, a Government Orphanage, a Maternity Centre and Reformatories."

The San Lazaro Hospital assigned the students to "contagious, leper, psychiatric wards and to care of the aged," for a two weeks period.

A Milk Station for three days taught the "method of registering infants and preparation and distribution of milk."

The Philippine Health Service provided two weeks experience in "Health centres, home visiting, administering treatment for beri-beri, and assisting in the free dispensaries."

Typically, the Red Cross gave an experience of four weeks in "Child Welfare Centres, Dental Clinics, Mothers' Clinics, Associated Charities, Home Visiting."

Ten days are spent in observation visits with the sanitary inspectors in homes and markets.

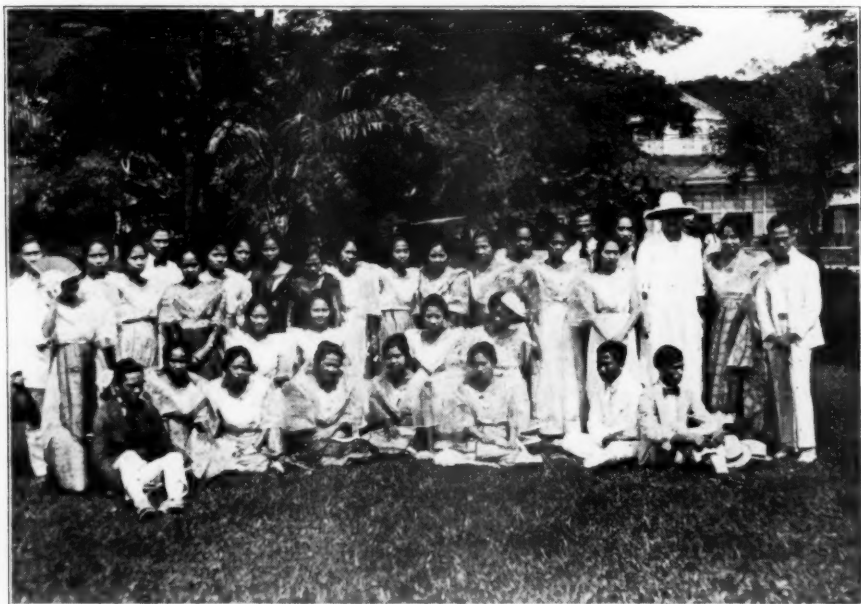
The theoretical courses are listed under the headings: Public Health Nursing, Preventive Medicine, Hygiene and Sanitation, Vital Statistics, Sociology and Charities, Home Economics, Methods of Teaching, and Psychiatry.

The letter from Miss Alice Fitzgerald, consultant in nursing and special member of the staff of the International Health Board of the

Rockefeller Foundation, who is directing this course, which accompanied this report, brings vividly to our attention some of the problems attendant upon Public Health Nursing work in the Philippines. Miss Fitzgerald says "we are now in the throes of our seventh typhoon since June 1st, and this is the worst one we have had. Since yesterday it has blown a gale and poured rain without ceasing.

All the awnings, curtains, etc., have to be lashed to the house and one is really in a prison with no lights as the electricity is cut off. This may last several days."

Thirty-one nurses (seven of whom are men) completed the course February 1st, 1923. The registration for the course which opened May 15th is sixty-nine.



The First Class in Public Health Nursing in the Philippine Islands

HEALTH POSTERS—GOOD AND BAD

Health posters are, in a sense, advertisements for health, and much the same principles underlie the making of them as the making of commercial advertisements. The first requirement in a poster is that it shall strike the eye, the second that it shall hold the imagination and the third that it shall, by association of ideas, teach something about health. The most artistic posters are not necessarily the most striking, though there are some which retain the attention by their artistic merit alone and thus fulfill their purpose without being what is generally termed "striking."

No less a failure than the artistic poster which makes no impression is the striking poster which makes tremendous impression without leading to any association of ideas.

As a rule, posters illustrating horrors should be avoided, especially if they are likely to be studied by children.

A good drawing may be spoiled by poor color reproduction. It is much better to keep to black and white, or black, white and red, than to attempt elaborate color reproductions, unless the best processes can be afforded.

World's Health, May, 1923.

SOCIAL SERVICE TERMINOLOGY*

BY ARTHUR J. STRAWSON
National Tuberculosis Association

A NEW need in social work is for proper terminology. If pioneering in a new profession results in a multitude of new terms and new meanings for old terms, some care is needed to select and use those which will have the widest use: hence, be most widely understood. A recent conference of representatives of child welfare societies, by wasting considerable time and energy in misunderstanding due to the attaching of diverse meanings to the same terms, well proved the need for a study of terminology. This may be illustrated by the fact that quite different things were understood by the various workers from the term "boarding home."

In the year 1922 the American Association of Social Workers appointed a research committee on this subject. The committee found, very early, that little had been done in this line and nothing printed. A couple of labor terminologies and one of economics seemed to point the way in the direction of the medical and legal dictionaries of older professions.

The first definite study of social service terminology found which had extended over a period of years was that of the Boston Bureau of Illegitimacy. The work it did and later turned over to the Boston Council of Social Agencies was instrumental in standardizing in that city many of the terms used in social service. A number of the definitions approved by this group appeared in the October, 1922, issue of the *Compass* (Organ of the American Association of Social Workers, published monthly at 130 East 22nd Street, New York City).

Definitions of the more important terms in its field are carried in manual form by the National Committee for Mental Hygiene. This Committee was forced to face the question of

terminology because of confusion raised by the variation of uses of terms. In consequence the list prepared contains not only definitions of mental diseases, but also terms relating to the duties and activities of psychiatric social workers. A copy of this may be had at only the cost of postage by addressing Miss Edith M. Furbush, of the Committee, 370 Seventh Avenue, New York City.

The terminology committee of the American Association of Social Workers suggested to several schools where sociology and social service is taught the advisability of allowing some senior students to prepare their semester papers on defining to the best of their ability the special terms of social service. At the University of Southern California the idea appealed to Dr. Emory S. Bogardus, head of the sociology department, who assigned this study to seven senior students. These students made a library study of terms and, so far as possible, checked up their use among the social workers of Los Angeles and other cities.

This resulted in a list of 800 definitions of 500 social service terms. From this list, presented to a round-table* on the subject in 1922 at the meeting of the National Conference of Social Work, 100 of the most important terms defined were selected and, by unanimous vote of those attending the round-table, sent by the American Association of Social Workers to existing committees and chapters of the association and to individuals thought to be interested. These committees and persons were asked to study and report upon the usage of these terms, making suggestions for more accurate definitions where possible. This list, in mimeographed form, will gladly be sent to any who will ask for it and enclose postage, by

* Round-table on social service terminology, conducted at Providence, R. I., under the auspices of the American Association of Social Workers, with Arthur J. Strawson as chairman.

the American Association of Social Workers at 130 East 22nd Street, New York City.

At the social service terminology round-table luncheon* held at Washington, D. C., at the time of the 1923 National Conference of Social Work, it appeared that twice as many persons as in 1922 were interested in attending. It became evident that the Kansas City, Missouri, and Twin City Chapters, at least, had appointed each a committee on social service terminology, the latter having made a study and being prepared to report. Workers in a dozen fields of social effort expressed their feeling of need for social service terminology in their respective lines.

Those attending this round-table voted to ask the Council of the American Association, which had no committee on the subject for the past year, to appoint a committee on social service terminology—

1. For stimulation of special functional groups, such as mental hygiene, child placing, etc., for the establishment of definitions within their fields.

2. For stimulation of local or chapter committees for the consideration of terms generally used by workers in the several fields in their communities.

3. For a central group and meetings for the clearing discussion and final acceptance of definitions arising from the work of the two types of groups described.

Through the work of the terminology committee in 1922 the Ameri-

can Association of Social Service Exchanges secured the formal defining of the seven terms most used in its service. These definitions, since steadfastly adhered to, may be had on application, with postage, to Miss Elizabeth Hughes, Executive Secretary, American Association for Social Service Exchanges, 308 North Michigan Avenue, Chicago, Ill.

A study of terms in use in child welfare is being made by Mr. C. C. Carstens, of the Child Welfare League of America, at 130 East 22nd Street, New York City. A limited study of the terms in several of the fields of public health was prepared in 1922 by the writer of this article. It covered 248 terms.

The National Organization for Public Health Nursing is among the agencies which have made limited studies in the terminology of their special fields.

Local chapters of the American Association of Social Workers will do well to have terminology committees for aiding in the correct development of social service terminology in their cities, while for national groups a running study of this sort is becoming a necessity. Thoughtful social workers in all fields are urged to give this matter their attention in these formative days of our terminology and to record their decisions in terminology committees that may be rendering service in the town, city or nation.

* As in 1922, under the auspices of the American Association of Social Workers, and with Arthur J. Strawson as chairman.

In the year 1890 a number of records were made of voices of celebrated people. Among them was Florence Nightingale. Her voice is very clear, with an unexpected stridency, and the message is touching; "God bless my old comrades at Balaklava and bring them safe to shore."

The Living Age, July 14, 1923

FOOT DEFECTS IN CHILDREN

BY FLORENCE A. SHERMAN, M.D.

State Department of Education, Albany, N.Y.

TOO little attention has been given to the feet of children. Foot troubles in adult life have their beginning, many times, in faulty development of foot tissues in early childhood. At the end of the first year of life the baby begins to stand alone. The bones of the feet at this time are hardly more than an orderly arranged cartilagenous mass. At this time these structures are in a condition to be greatly influenced by pressure. Hence the wisdom of experienced and periodic supervision, as to foot wear and foot care throughout this important period of development. There are two factors commonly at work to defeat the fulfillment of nature's plan.

First: A deviation in the normal mechanical relation between the trunk and leg—(acquired and congenital).

Second: Improperly designed shoes.

The first is frequently noticed in the tendency of the child to pronation of the feet. Much can be done to correct this by proper exercises, passively given in very young children, and more actively, when the child is old enough to co-operate intelligently.

The question of shoes takes the second place in the scheme of prevention. We have to look to the baby, the savage or the oriental for a normal foot in these days. We find frequently that, long before the baby has any inclination to stand, his feet are encased in leather coverings which in the nature of things must affect their development. From that time onward the foot, when in use, is always subject to restrained movements. In order to prevent this it is most important to select children's footwear with great care and with intelligent understanding of the needs of the growing foot. The first shoe should be soft, with flexible soles, have a straight inside line and

plenty of room for toe spread, as well as room for toe drive forward. The shoe should always be sufficiently wide at the ball of the foot to avoid crowding of the heads of the metatarsal bones together when the wearer is standing. Shoes should always have a straight inside line.

Much definite muscle training can be given very young children and also certain passive exercises should be given in order to assure proper foot development. In older children the games which will call for toe gripping, picking up marbles with the toes, walking on the toes, taken regularly night and morning, are most valuable.

Parents are beginning to bring their children periodically to the family physician or the child specialist to see that they are physically fit. They are fast coming to believe in *keeping well*, not *getting well*, and that the slogan must be *health*, not *disease*.

They are anxious to make sure that the child's eyes, ears, nose and throat are all right, realizing the importance of this in his future welfare, hence the regular trip once or twice a year to the dentist, oculist and nose and throat specialist is made as a matter of course, but it rarely occurs to them that the *feet* of the child also need regular supervision and periodic examination, because of abnormal conditions which may arise through faulty foot care, hygiene, faulty shoes, too short stockings, overweight, weakness, caused by illness, etc.

The care of the feet is left to the judgment of the shoe clerks, the large majority of whom have no knowledge of the anatomy and physiology of the foot and whose business it is to make as many sales as possible and not to render wise advice (an office for which they are neither qualified by training nor for which they are hired.) The feet of many horses are shod with

far greater care than the feet of many children. When we consider that the contours of the feet vary in the individual as much as any other part of our anatomy we cannot but feel that our present mode of buying shoes for children, without advice from someone who has made a study of the foot, is a most unscientific procedure. One of the greatest needs in connection with shoe stores today is the employment of trained men and women who have made the study of the feet their life work—who are interested not only in making a sale, but are backed by their employers in a wish to render actual scientific service. "It is a science to fit feet" and when scientific measures are taken a great deal of discomfort and inefficiency will be prevented.

There are comparatively few physicians today who give consideration to a somewhat abnormally acting foot commensurate with the seriousness of the condition, especially when the child does not complain of pain in the foot, although he may have pain in other parts of his body due to the foot condition.

Small foot weaknesses, which result in abnormal position of the foot, are often looked upon as of no consequence—something which will be outgrown later on. Too often this does not happen and the child becomes the innocent sufferer of a serious fallacy. For instance *congenital weakfoot*. In this condition the foot at rest, looks normal, but assumes an abnormal attitude as soon as weight is borne on it. This may be very easily overlooked.

Symptoms of *congenital weakfoot* are as follows:

The peculiar manner in which the child places his foot in walking (toeing in or toeing out) never walking with his feet parallel as he should. In a large number of cases a child walks with its feet pronated, "pigeon toed" and because of this is brought for examination. He stumbles, falls down easily, his faulty posture is increased, and the lower spine is curved with corresponding projection of the abdomen. Knocked knee also is not an infrequent condition in these cases. The child may complain of "growing pains" looked upon by many parents as something all children must have. He may show lack of ability to walk far, tire easily, want to sit down, or be carried all the time, have night cries, wake up complaining of legs aching, etc. All these conditions noted go to show the need and importance of periodic foot examinations from infancy up, in order that we may be able to prevent instead of cure.

This article is written with the hope of calling the attention of parents to the feet of their children very early in life and urging them to see that periodic foot examinations be given the same as those of the mouth, eyes, ear, nose, throat. Such examinations with proper foot hygiene, exercises, stockings, and a properly built shoe, will prevent these conditions nine times out of ten. Our boys and girls are entitled to every care which will tend to their development as sturdy, wholesome straight-limbed men and women.

CHARGING FOR PREVENTIVE WORK

Beginning July 1, a charge of \$3.00 a year will be made for preventive work, that is, a year's health supervision of a baby or young child and at the same rate for care of an expectant mother. The scale will be a sliding one, as in the curative service, and the fee, usually amounting to a few cents for a visit to clinic or home, will be collected by and in the discretion of the nurse.

The introduction of a charge for purely educational work is much more complicated than it sounds and the whole matter will be reconsidered January 1, when a study will be made to the effect of the policy on the health situation, the sums collected, etc. *Monthly Bulletin, Boston Community Health Asso.*

FRESH AIR SCHOOLS

By T. B. KIDNER

Consultant on Institutional Planning, National Tuberculosis Association



Rest Period, Mills Open-Air School, Portland, Oregon

NO PHASE of health work today is receiving more attention than preventive work amongst children. While much of this work can be done in other ways, certain special types of institutional care have been developed; one of the most important being that provided by means of Open-Air, or Fresh-Air Schools.

Probably the reason for the establishment of such schools has never been stated more clearly and succinctly than by Dr. Haven Emerson. Speaking the other day on "Unoccupied Fields of Public Health" he said, "We need to bring fresh air back to the lungs of school children." He quoted the New York State Commission on Ventilation as conclusive proof of the fallacy of using costly artificial devices. One-third of the money expended on schools in Ohio, it is claimed, is tied up in these "strangling devices."

Because of the loose way in which the term "Open-Air School" is used, it seems well to define clearly what the term should connote. The writer

often receives inquiries about open-air schools when a preventorium is in the mind of the inquirer. Others, again, write for information on open-air schools when what is really required is advice on the planning of a building, to be erected on the grounds of a tuberculosis hospital or sanatorium, for children who are suffering from tuberculosis in an active form.

The term "Open-Air School", as generally understood today, means an institution in which the regular education of children is carried on in the open air, as contrasted with the ordinary school room.

The open-air school proper has, in addition, certain important features. First, in practically all of them a simple but nourishing meal is provided at midday; and second, a rest period of at least an hour is observed after this meal.

In a great many open-air schools breakfast is also provided; and in many such schools each child is given a glass of milk (in cold weather, a cup of cocoa) on leaving for home in the afternoon. It is therefore nec-



Class at Work, Mills Open-Air School, Portland, Oregon

essary to provide a dining room, and a simply equipped kitchen, in an open-air school.

Many of the best open-air schools also provide facilities for a daily shower bath on arrival at school in the morning.

Provision for instruction in teeth cleaning and other features of personal hygiene is, of course, always made.

It is clearly the duty of the local school authorities to provide buildings and equipment for open-air schools, and to maintain them; at least as far as regards the ordinary functions of a school. The question of providing meals is not, however, so clearly within the province of the school authorities.

Since many public school boards are not legally able to provide meals for the pupils in open-air schools, the aid of some voluntary agency is usually enlisted in this matter; but there is seldom any serious difficulty in obtaining funds for this purpose. In some cities, certain of the well-known clubs have undertaken the duty; in others, some of the voluntary health organizations meet the cost of the meals. In many districts the children bring some lunch from home, and the school supplements it by hot soup, or a simple stew or ragout, and milk or cocoa.

For the rest period, a simple, individual cot is provided for each child. For cold weather, army blankets, or a simple sleeping bag, as shown in Fig. 1, are also necessary. Probably the ideal arrangement for the rest hour would be an open deck with a permanent covering over—a "pavilion" in the strict sense of the term—to be devoted entirely to space for the cots. It is not always possible, however, to provide this, and the more general plan is to arrange that the school rooms can also be used for the cots during the rest hour.

Fig. 1 shows one of the class rooms at the well known Mills Open-Air School in Portland, Oregon, arranged for the rest period. At other times, the cots and blankets are folded up and stowed away in the lockers shown at the side of the room, and the movable desks shown on the opposite side are placed in position. Fig. 2 shows the room arranged as a school room during the actual hours of instruction.

Where the surroundings admit of it, the cots are often placed out of doors, under trees, for the rest period. In some places, particularly in Europe, permanent pavilions, with a roof and open sides, are provided on the grounds near the school building for use in the rest period.

The question of artificial heat for open-air schools has received considerable attention. It seems certain that some of the methods of the early open-air schools were much too heroic, so to speak, in exposing the pupils to exceedingly cold weather. As in the care of tuberculosis patients in sanatoria, the best opinion today is not in favor of making the children in open-air schools, who are, of course, always sub-standard in health, uncomfortable in cold weather.

It will be noted in Fig. 2 that radiators are installed below the windows, which is the best place for them in all open-air rooms. It will be noted also that cross ventilation is easily provided in this room by the windows high up on the opposite side of the room. This is not possible in the ordinary class room, and foul air vents should therefore be provided high up in the wall on the side of the room opposite to the windows.

In very cold weather, the feet of healthy children would become quite cold in an open-air room; much more so, when the children are not in robust health. In some places, this is guarded against by providing for each child a sort of bag, made of stout canvas, which can be drawn over the feet and tied around the waist. A heated "soap stone" (Steatite) on which the child's feet can rest, is placed in the bag. This, however, involves a lot of work, and in some open-air schools the device of heating the floors has been successfully adopted. A single wood floor is laid on the joists, and steam pipes are run under the floor.

On the question of artificial heat for open-air schools, the comment given below on an English report made a year or two ago is of interest and significance. No one who knows the low temperatures to which children are accustomed in an ordinary school in England will minimize its importance. The report was by Dr. E. C. Hamilton Williams, Medical Superintendent of an open-air school maintained by the Worcester County Council at Malvern, and was com-

mented on in the *Medical Officer*, Sept. 12, 1921.

"Systematic weighing of the children revealed the fact that the greatest gain in weight was made in the summer period. Experience in other schools has shown that it is usually in the winter months that a child increases in weight, and Dr. Williams set himself the task of finding the reason for this difference.

"The conclusion he came to was that it was to be explained by the absence of artificial heating in the school buildings, and he recommended the installation of hot water pipes or stoves in the class-rooms and play rooms. He very properly points out that a healthy person can keep himself warm by exercise. In the case of strong children they run about until they get not only warm but hot and sweaty, in which condition they sit in damp clothes in an unwarmed classroom, and get chilled. A less robust child, instead of getting hot, gets tired and goes to the classroom again, to become before long colder than before."

While the exact method of selecting the children who should be sent to the open-air school varies in different places, there is general agreement that mal-nourished, under-weight and anemic children are fit subjects for the special help which a well ordered open-air school can give for such cases. In some cities, children who react positively to scientific tests for tuberculosis are always directed to an open-air school; provided that they are not suffering from the disease in an open, clinical form. The same procedure is often followed with children who have been exposed to tuberculosis in their homes.

A school nurse is usually detailed to make frequent visits to the open-air school. For a school of fifty pupils (two classes) two days weekly should be given to it by the nurse. Her duties should involve continuous and detailed observation of the weight and other conditions of each pupil, instruction in health habits, and visits to the homes of the pupils. She should also act as a sort of liaison officer between the open-air school and the school doctors and nurses in the ordinary schools. From time to time, the pupils in all open-air schools are, of course, given a medical examination by the school doctor.

Lest it be inferred from the fore-

going that the underlying ideas and principles of the open-air school can only be applied in buildings or rooms especially built and equipped for the purpose, it should be pointed out that in numerous places good results have been obtained in ordinary class rooms, with makeshift methods for rest and feeding.

For example, as a development of the open-air school idea, "open-window rooms" are often provided nowadays by school authorities. In some places, lunch is provided, but otherwise the children are taught, and come and go, just as the children do in the ordinary class rooms. A great deal of interesting and successful work in open-window rooms has been done in New York and other large cities.

The essence of the open-window room is that it is not ventilated artificially. Fresh air is obtained through the windows and the vitiated air is removed either by cross ventilation, or by vents in the walls opposite the windows.

The confusion of terminology with regard to open-air schools was referred to earlier in this article, and the "preventorium" was mentioned as an example.

Briefly, a preventorium may be defined as a twenty-four hour, twelve months open-air school. School doctors, school nurses and social workers are constantly coming across cases where the open-air school treatment is not sufficient to enable the child to overcome the handicap of a poor and crowded home in bad surroundings. An improvement in health and increase of resistance to disease which is brought about by the daily regimen of the open-air school is undone by the home living conditions at night, during week-ends, and in the vacations. Hence the necessity of providing a place where the children may live, as well as carry on their education, until they are normally healthy and have at least a fighting chance.

The type of child who should be given the benefits of preventorium treatment is exactly of the same type which should be directed to the open-air school. In neither of these institutions should children be received with open, infectious disease; tuberculosis, for example. The place for such children is in the children's ward of a general hospital, or the children's unit in a tuberculosis sanatorium.

As to the precise local authority



*An Open-Air Schoolroom. Brooklyn, N. Y.
A Corner Room*

which should establish and maintain a preventorium, it must be confessed that the matter is not clear. In most cases, the local school authorities take care of the education of the children; providing a teacher, or teachers, and the usual class room furnishings, textbooks and materials.

The special building required has, in many cases, been provided by some voluntary association. In some instances, the voluntary association continues to maintain the institution; while in others, after maintaining it for a time as a demonstration, the voluntary association has been able to induce the local health authorities to take the institution over. In some districts, the authorities charged by law with the duty of providing a tuberculosis sanatorium maintain a preventorium as a part of the institutional machinery of the local anti-tuberculosis campaign.

One thing, however, is clear; the preventorium offers, alike in its establishment and its maintenance, an excellent opportunity for that desid-

eratum of all health workers today; namely, the co-operation of voluntary and official agencies. The same is true, of course, of the open-air school.

Both of these preventive agencies have abundantly proved their usefulness, and should form a part of the machinery for health work among children in every community.

* * *

NOTE: The subject of open-air schools has received considerable attention during recent years in professional and lay journals, and in official publications. The excellent Hospital Library and Service Bureau, of 22 East Ontario Street, Chicago, has prepared a comprehensive bibliography, which can be obtained on request.

The Elizabeth McCormick Memorial Fund, 315 Plymouth Court, Chicago, is another reliable source of further information on the subject.

* * *

The Editor is indebted to the National Tuberculosis Association for the loan of the photographs used in this article.

EUGENICS SOCIETY OF THE UNITED STATES OF AMERICA

Following the Second International Congress of Eugenics held in New York in 1921 and the appointment of the United States Eugenics Committee, the Eugenics Society of the United States of America has been organized. The charter members include persons well-known in medicine, education, social and mental hygiene.

"Eugenics," according to the statement, "stands against the forces which work for racial deterioration, and for progressive improvement in vigor, intelligence and moral fiber of the human race. It represents the highest form of patriotism and humanitarianism, while at the same time it offers immediate advantages to ourselves and to our children. By eugenic measures, for instance, our burden of taxes can be reduced by decreasing the number of degenerates, delinquents, and defectives supported in public institutions; such measures will also increase safeguards against our persons and our property."

The new Society will work in close harmony with the already existing Eugenics Research Association.

NURSING PUBLICATIONS FROM OVERSEAS



Siamese Red Cross Nurses

Among the many activities of the Public Health Nursing Division of the League of Red Cross Societies of which Miss Katherine Olmsted is chief, has been the circulation, since 1922, of the various "League Information Circulars" and the "Supplements" to these circulars.

The Circulars cover a wide range and are sent to all European Red Cross Societies, graduates of the International course and others interested in nursing problems and developments. They contain a truly remarkable collection of valuable material much of which is abstracted from the nursing, medical and health journals of many countries. The Circular provides a means of distributing "news notes" in connection with the different pieces of work started by public health nurses in Europe and general information about the International Course and its students.

Mimeographed bulletins are so popular in the Divisions of the American Red Cross and are now so usefully and extensively used in Divisions of Nursing in State Departments of Health, that it is especially interesting to find the same form of education and information in

vogue among our European colleagues.

The June, 1923, Supplement contains information on the *Nursing School of The Siamese Red Cross Society*, *Work in Greece*, and abstracts of welfare work in India and Africa. Also we are glad to find abstracts from *THE PUBLIC HEALTH NURSE*.



The Visiting Nurse in Athens (American Red Cross Photograph)

CAN A SATISFACTORY MATERNITY SERVICE BE CARRIED ON AS A PART OF A GENERAL PUBLIC HEALTH PROGRAM?

*A Study Based on Three Years Experimentation in the
New Haven Visiting Nurse Association*

BY ELIZABETH ROSS

Associate Superintendent, New Haven Visiting Nurse Association

AFTER three years of experimentation the New Haven Visiting Nurse Association find themselves without a satisfactory answer to the problem of establishing a nursing service for maternity patients at time of delivery. Three years ago it seemed a fairly simple consideration, but the result of the various experiments tried and discarded leaves only shattered illusions. A great deal of time, thought, and money has been expended in trying to meet this well recognized need and because we know that all over the country others like ourselves are struggling with the same problem, we ask for an open forum with this for the subject, to be carried on through THE PUBLIC HEALTH NURSE, so that we may all have the advantage of each others' knowledge and experience.

Before giving the experience of our own organization, I should like to present as a basis of discussion, some of the pertinent questions that must be answered before it is possible to arrive at any satisfactory solution.

The Need: I am sure that all Public Health Nurses agree that no more valuable service can be rendered to the mother, the child, the family, and to the public as a whole.

The Cost: The expense of an adequate maternity nursing service covering delivery is excessive if considered on the basis of the ordinary Visiting Nurse Association budget. The amount that should be collected from the patients is also important.

The Personnel: The question of the nurse and the Service is a burning one. Should the staff nurse be expected to make the sacrifice necessary to carry on the branch of nurs-

ing work that must be an irregular service and subject to all sorts of adjustments? Is any arrangement right that makes the working hours of the nurse (active or inactive) cover more than the eight hour service of the regular visiting nurse? How much field work can an organization expect of a nurse assigned to night service? Should a staff nurse receive additional payment for obstetrical work, night or day, and how much?

The Physician: Is the service in any degree for the physician? Who is to make the rules that govern the service? Is the nurse to have the protection of the best of the medical profession, or must she take her chances with the patient at the hands of any practitioner?

Type of Service: Does service at delivery mean the same nursing care that would be given to a ward patient in a good up-to-date hospital, or does it mean rushing in at the last moment and helping out during the third stage of labor, often too late to be of any real service?

Registration: How early should a patient be required to register? And should a normal delivery be called an emergency because of failure to register in time?

Pre-natal: How much pre-natal service should be given as a regular part of a good delivery service, and how much should be done by the regular nurse in the district? Is the urinalysis and blood pressure to be done by the nurse or the private physician, or should all cases be referred to pre-natal clinics as a routine requirement?

What Is An Adequate Maternity Service? Is it a service sufficient

to care for all those who need the service, regardless of their ability to pay? Is the nursing personnel and equipment supplied on a basis of the number of cases in need of home nursing care at delivery? Are the nurses selected because of their experience in maternity nursing, plus general public health? What is the measure of an adequate service? How many nurses are necessary to care for a given number of cases (50) in a month?

These are a few of the questions that have to be answered when we attempt to work out any sort of an obstetrical service, whether we plan to make it a part of a generalized field service or a special service with nurses assigned to maternity work only.

I will now try to present the experience of our own organization as briefly as possible.

Three Years Experience

Three years ago the Visiting Nurse Association started an obstetrical service, assigning one nurse for the work. The plan was to take any call that came, charging \$5.00 for each confinement case. It was soon found that one nurse could not do the work alone, so a second nurse was assigned. These two nurses carried on the work for about a year, with help from the field nurses, but at the end of the year as the service was very unsatisfactory, it was decided to form a department.

This was done, with a supervisor and three nurses. Later a fourth was added, so that a department consisting of five nurses was finally built up. The same charge of \$5.00 was maintained. The Visiting Nurse Association was under contract not to do any free work, as the New Haven Dispensary covered the free work of the city. When the obstetrical department was established, it was decided that pre-natal work should come under this department and that all cases listed for delivery should receive pre-natal care. This service was tried for a year.

At the end of the year, the Visiting Nurse Association found that the department was even less satisfactory than was the former arrangement. It was very expensive, serving a very few people compared with the amount of money spent. The largest number of cases delivered in any one month was thirty, which with five nurses, is very much out of proportion to the time given and the money spent. It was also found that the service was being used as an emergency service rather than what it was intended for, which was that the patients would be registered for the service and receive pre-natal care. At the end of the second year, it was found that of the doctors using the service, seven used it more than twelve times, others using it from one to nine times, with the larger proportion only once or twice. One doctor gave us twenty-seven cases, but only four of these were registered: the other twenty-three being emergency cases in the sense of the service being called for at the last moment (not emergency cases as to the type of case.)

In February, 1922, the obstetrical service was again reorganized and made a service rather than a department, placing it under our general service, taking nurses from our staff rather than having special nurses assigned and paying them extra for night duty. At that time it was decided that no case would be carried unless pre-natal care from the eighth month had been given. This ruling caused great dissatisfaction as the doctors thought it was a hardship to be asked to register cases by the eighth month, as they themselves did not receive many of the cases until the last moment. However, this ruling has been adhered to and for seventeen months the service has been carried on under these rules, and though the cost has been reduced, the service is and always has been unsatisfactory to everyone concerned.

The following figures will show the cost of the service and the method of carrying on the work:

Can a Satisfactory Maternity Service Be Carried On 473

OBSTETRICAL DEPARTMENT FEBRUARY 1ST TO DECEMBER 31ST, 1922

Time Account

58 Deliveries during night.
31 Deliveries during day.
89 Deliveries during 11 months.
25 working days to month.
4 hours to average obstetrical case.
31 cases at 4 hours each equal 124 hours or 15½ days.
275 working days in 11 months.
58 days we did not have services of night nurse.

217 days night nurse worked half time*

108½ full days night nurse worked.
15½ full days given to obstetrical work by day nurse.

93 full days night nurse worked in other departments which is equal to about 4 months.

Expense Account

\$1644.50 Nurses' Salaries
5.46 Medical Supplies
120.00 Nurses' Central Registry
32.25 Telephone
\$1802.21
100.00 Extra Salary paid second and third call nurses.
\$1902.21
604.00 Nurses' Salaries for four months.
\$1298.21
7.75 Automobile Services during day.
220.69 Percentage of Overhead Expense.
\$1526.65 Total Expense for 89 Deliveries.
\$ 17.15 Total Expense per Delivery.
\$ 4.45 Average collection per case.
\$ 12.65 Actual loss to organization per delivery.

OBSTETRICAL DEPARTMENT JANUARY 1ST TO JUNE 30TH, 1923

Time Account

35 Deliveries during night.
14 Deliveries during day
49 Deliveries during 6 months.
25 working days to month.
4 hours to average obstetrical case.
14 cases at 4 hours each equal 56 hours or 7 days

150 working days in 6 months
35 days we did not have services of night nurse.

115 days night nurse worked half time.

57½ full days night nurse worked
7 full days given to obstetrical work by day nurse

50½ full days night nurse worked in other departments, which is equal to 1-¾ months.

Expense Account

\$755.00 Nurses' Salaries
60.00 Nurses' Central Registry.
14.70 Telephone
\$829.70
208.33 Nurses' Salary for 1¾ months.
\$621.37
3.50 Automobile service during day.
112.48 Percentage of overhead expense.
\$737.45 Total Expense for 49 Deliveries.
\$ 15.05 Expense per Delivery.
\$ 4.50 Average collection per case.
\$ 10.45 Actual loss to organization per delivery.

*NOTE: Nurse doing night duty goes on call at 5:00 p.m., and off call at 8:00 a.m. On days when she had no night call, she was expected to give half day service in the field.

These financial statements are based on figures taken from our Accounting Department and are explained as follows:

The salary of our night nurse, plus the time of the day nurse (worked out on the hourly basis as shown in the Time Account) plus the extra salary paid to night call nurses during the first eleven months.

To this is added the regular expenses of supplies, cost of Central Registry for taking calls from 5:00 P.M. to 8:00 A.M. (\$10.00 per month), cost of telephone used by day nurses to call in from the field four times daily, and a small auto charge,

Deducting from this amount the equivalent of the time spent by the Night Obstetrical nurse doing regular field work, as shown in Time Account above,

To all this is added the regular percent of over-head on the amount expended.

Six months ago a Council made up of our Nurses' Committee, the Advisory Committee, and a Special Committee appointed for the Medical Association, met to consider the whole question of a service that would meet the need of our city and be satisfactory to all concerned. The following figures were presented at that meeting:

4425	City Births
1380	Delivered in Hospital
3045	
1112	Delivered by midwives
1933	
194	Dispensary Service
1739	
100	Visiting Nurse Association Delivery Service
1639	
600	10 per cent estimated as cared for by private nurses.
1039	

The births of the city have remained nearly stationary for the last three years. So also have the various maternity services that affect the question. The estimated 10 per cent for private nurses is probably high, so it would be safe to consider that the actual number of babies born at home without any available nursing service is about twelve hundred. These are probably among the middle working class that engage the general practitioner. One or two of these physicians take a graduate or practical nurse with them to help on obstetrical cases, but these nurses are seldom nurses of very high calibre and do not add greatly to the standard of work done. They would be quickly replaced by a good obstetrical service. We must then, consider that about

twelve hundred cases a year would make a hundred per cent service, and to meet the recommendation of the Medical Committee we must supply a nurse for the case when the doctor has decided that the patient is in active labor. Our average at present is four hours to a case. This requirement would probably mean an average of from one to two hours more time on each case.

Our Committee feels that the Medical Committee is right in asking that they decide when the nurse is necessary to the patient, but would ask in return that an active committee be appointed by the Medical Society to consider and act on all complaints from both nurses and doctors that in any way involve the medical side of the question.

It is estimated that to put the service on a sound economic basis at least five thousand dollars would be needed for the first year, exclusive of any money that the service could earn, that it might be necessary to have a larger budget the second year if the work developed, though it would be hoped that the earnings might take care of the increase of work.

As the present service is unsatisfactory to all concerned, it is considered unwise to go on with it unless sufficient money can be supplied to make a much more extensive experiment, so we are now facing a purely financial proposition. With sufficient funds we will undertake to do satisfactory obstetrical nursing, including the services of the nurse at time of delivery. If it is not possible to secure enough money to do the work well, it will be far better not to attempt to supply nurses for delivery but to confine our work to pre-natal and post-natal nursing.

A FURTHER REPORT ON THE CONFERENCE ON EDUCATION

BY GRACE L. ANDERSON

THE *First World Conference on Education* was held in San Francisco, June 28 to July 6, 1923, under the auspices of the National Educational Association of the United States.

The main objective of the joint meetings was to promote the advancement of civilization by making education more vital and progressive, through formulation of definite, tangible ideals which shall promote peace and good will among all nations.

The meetings on *General Education* were held in Oakland, the session on *Health Education* at the Fairmont Hotel in San Francisco. The evenings were given over to joint sessions held in the spacious Municipal Auditorium and preceded each evening by an organ recital.

To health workers the greatest interest centered in Group E, or the *Conference on Health Education*. Dr. Thomas Wood, Director of the Department of Physical Education, Teachers College, Columbia University, presided at all sessions. Twelve unit sessions were held and more than thirty formal papers were presented. The discussions following the papers almost equalled them in importance. So full was the program that almost no time was left for informal discussion, which was regretted by many.

The Conference throughout was international, in word and spirit. Sixty countries sent representatives, including England, France, Germany, Italy, Belgium, South American countries, Mexico, India, etc. The papers were, in some instances, given in the speaker's tongue and afterwards translated for the majority of the audience. University teachers acted as interpreters at every session and gave freely of their time.

One entire session was devoted to the subject of *Health Education*. The papers and discussion developed the principle that the promotion

of health is fundamental in all educational programs, and that health education must have an increasingly prominent place in all curricula. For this reason the session asked in their resolution that the World Education Conference give a permanent place to a Section on Health Education.

The Status and Aims of Health Education

The papers on this subject expressed the belief that specialists are needed in preparing courses of study in *Health Education*, and further that the public, as never before, stand ready to support the development of a health program. The keynote was for an exchange of ideas and co-operation between all technical workers, official, or non-official. This session brought out the idea that the removal of defects should be encouraged in the pre-school period, to the end that the child may enter school with fewer physical handicaps, and that the school health program should be built around the fundamental principles of positive health teaching.

Another entire session was devoted to *Nutrition and Health Education*. Here was brought out the need for a dissemination of correct information about the nutritive requirements of people, as well as the nutritive properties of foods. This to be accomplished by

1. The education of mothers in the principles of nutrition.
2. The teacher, both in training and service must be given scientific instruction in nutrition.
3. Courses on nutrition in the school, incorporated into the school curriculum.
4. Fundamental science work in psychology, physiology and sociology before workers are qualified to teach nutrition.

The session on the contribution of physician and dentist to a school health program was attended with interest. The meat of this session was

the recognized need for a more careful and accurate physical examination of the child. To this end the adequate training of physicians and dentists was urged, with a fuller development of public health teaching facilities in universities.

The value of Physical Education in character building, in health giving and in right behavior was discussed, and skilfully applied physical education was recommended for all nations. The need of athletics, adapted separately to boys and girls, was emphasized, and intensive competition in athletics repudiated. Physical activities, it was brought out, could be correlated with health examinations and the formation of health habits.

To all nurses attending the Health Education Conference, the session on *The Contribution of Nurses to a School Health Program* was given earnest attention. Since the crux of the interesting papers and discussions was given in the resolution adopted by the session, this is given in full:

WHEREAS, we appreciate the opportunity afforded the nurses to participate in the development of the Health Education Program, therefore be it

RESOLVED, that we recommend that in all countries of the world there shall be a concerted effort to promote such a program of nursing education as will produce the type of nurse qualified to take her place with the other leaders in the field of health education in the schools of the world.

That in all countries, schools of higher education be encouraged to support university schools of nursing and to recognize the development of these schools as part of the progress of general education.

Committee

CAROLINE GRAY, U. S. A., Chairman.
ELIZABETH BREEZE, Vancouver, B. C.
MADELINE KAISER, Belgium
SALLY LUCAS JEAN, U. S. A.
ELENORA THOMSON, U. S. A.

The significance of this conference, from the nursing standpoint seems to be:

1. That the Public Health Nurse is a part, and an important part, of any health education project.
2. That because of this, the fundamental education of the nurse is of national and international importance, and should receive the interest not only of the nursing profession, but of all educators.
3. That nursing education deserves serious consideration in future meeting of the World Conference on Education.

The complete proceedings of the Health Conference, published in book form, will give a volume of invaluable information to all health workers.

"My children, lose nothing that is beautiful of the past, and there is much that is very beautiful. Reach forward to all that is worthy in the future, unafraid of prejudice or convention, or false ideas. Be courageous, be honest, be strong, be free. Hurt no other human being; think neither ignobly of the bodies of others nor of your own body. Believe me, human love cannot be divorced into physical and spiritual; it is of both. Only when the whole human being loves is love really divine. Reach out beyond the narrow conceptions of the past; forget the cramped ignorance which used to pass for innocence; keep the loyalty and the love, and throw your creative force, if it be possible to you, into making that new world in which the unborn generations shall grow up freer than you have been; unrestricted by your restrictions; unbound by your prohibitions; free with the liberty of Christ. Throw the passion of your youth and your love into building up that better world with all your courage and all your strength."—*"Love the Creator"* by Maude Royden.

Journal of Social Hygiene, June, 1923.

THE POSTER, THE SILENT SALESMAN OF HEALTH

THE Publicity Department of the National Organization for Public Health Nursing has compiled the following list of Health Posters which may be useful to public health nurses. The title, brief description, source, and terms for each are given below. If any one of these is desired by nurses, or if further information concerning them is needed, the nurse is asked to write directly to the association producing these posters.

It is not to be inferred that this list contains all the good posters having a valuable bearing on public health. The list is merely an effort to place definite information regarding health posters in the hands of those who need this information. If other helpful posters exist, the publicity department of the N. O. P. H. N. will be grateful for information concerning them, and a sample copy of each, if possible.

From the

American Child Health Association,
370 Seventh Ave., New York, N. Y.

A "SET OF FOUR DECORATIVE POSTERS"
Show elfin figures on a black background gamboling with milk, oatmeal, fruit, and eggs respectively.
25 cents each; \$1.00 a set

"CHO-CHO SAYS" POSTER
Gives picture of health clown with children, and his eight simple health rules.
25 cents

"WISDOM OF PROFESSOR HAPPY"
Eight health epigrams for older children.
10 cents

"CHILD HEALTH SEAL"
Figures of two dancing children in silhouette. No letterpress.....10 cents

A "BIRDS-EYE MAP OF HEALTHLAND"
Black and White Poster, 28 x 42 inches, giving principal towns in "Healthland."
10 cents

THE UPJOHN HEALTH POSTERS
A set of 14, 19 inches wide, and varying in length from 29 to 42 inches.
Rental, \$5.00 a week, plus postage.
Purchase price—
\$58.40 a set; \$5.10 a single poster.

Postal card reproductions of the Upjohn Health Posters.....\$1.00 a set
(Postage additional in each case)

American Medical Association,
535 N. Dearborn St., Chicago, Ill.

EDUCATIONAL POSTERS ON THE NOSTRUM EVIL AND QUACKERY, 22 x 28 inches.

There are 38 of these. For further information write for Catalogue of Books, Charts, Periodicals, see Page 23.

40 cents each
2 Posters on Vitamines.....40 cents each
1 Poster on Food and Iron 22 x 28 inches, in table and chart form 40 cents

American Red Cross,
National Headquarters, Washington, D. C.

Each
2 Posters on Nutrition..... \$3.75
1 Poster on Home Hygiene..... 3.75
1 Poster on Care of the Sick..... 3.75
1 Poster on First Aid and Life-Saving 3.75
Also Upjohn Child Welfare Posters.. 3.75

All hand colored. Size 30 x 40 inches.

American Social Hygiene Assn.,
370 Seventh Ave., New York, N. Y.

YOUTH AND LIFE
An exhibit consisting of 48 cards, measuring about 10 x 12 inches; intended for older girls and women, outlining constructive social hygiene by means of text and illustrations.....\$2.00 a set

KEEPING FIT
A series of 48 cards similar to above—intended for boys and young men.
\$2.00 a set

QUESTIONS AND ANSWERS FOR MEN
(EXHIBIT No. 14)
20 Placards, 14 x 22 inches—intended for men. Dealing with sex hygiene and venereal disease in outspoken language. Illustrated with drawings, diagrams and photographs.....\$4.00 a set

American Society for the Control of Cancer

370 Seventh Ave., New York, N. Y.

"THE RIGHT WAY AND WRONG WAY"
17 Cardboard Panels, colored and lithographed; the panels are 14 x 22 inches.
\$2.50 a set

Association for Improving the Condition of the Poor,

105 East 2nd St., New York, N. Y.

BUREAU OF NUTRITION.

SET OF FIVE FOOD CHARTS

22 x 28 inches, printed on heavy cardboard.

Prepaid, including Food Primer, \$2.00 a set

Chicago Tuberculosis Institute,

8 So. Dearborn St., Chicago, Ill.

SERIES, HEALTH IDEAS.

A set of 9 posters, size 14 x 22. In brilliant colors, showing pictures of children illustrating health ideas.....75 cents a set

In postcard size.....10 cents a set

Committee on Health Problems of the National Education Assn.,

55 W. 10th St., New York, N. Y.

"HEALTH CHARTS," prepared by Dr. Thomas D. Wood.

The nurse is advised to write for the booklet describing these 58 charts.

Cost of Booklet, 25 cents

Department of the Interior, Bureau of Education,

Washington, D. C.

Right Height and Weight for Girls.

Single copy.....5 cents

Additional copies, 1 cent each

Right Height and Weight for Boys.

Single copy.....5 cents

Additional copies, 1 cent each

Minneapolis Infant Welfare Society,

303 Meyers Arcade, Minneapolis, Minn.

FOUR SERIES OF 6 PANELS EACH.

6 are on prenatal care.

6 are on infant care.

2 series of 6 each on the training and feeding of child of pre-school age.

Each series of 6 is complete in itself and has a title panel. Panels are 44 x 28 inches, and are in white wood frames 72 x 33 inches.

Each series rents for \$15.00 for three days and \$25.00 a week, plus drayage and express to and from Minneapolis.

National Health Council,

370 Seventh Ave., New York, N. Y.

HEALTH EXAMINATIONS POSTER.

15 x 19 inches. 2 colors, red and blue.

10 cents each; Quantities of 100 or over specially priced.

National Organization for Public Health Nursing,

370 Seventh Ave., New York, N. Y.

PUBLIC HEALTH NURSING EXHIBIT.

A poster series of twelve cards, size 9 x 12 inches, ten of which set forth the various phases of the public health nursing profession and two of which show the relation of the N. O. P. H. N. to this profession. On buff-colored cardboard with blue printing and photographs in sepia

85 cents a set

POSTER (NEW)

Heavy white coated stock, with line drawing of public health nurse. No text; local associations or nurse may print local health message.....10 cents

PUBLIC HEALTH NURSE POSTER

(In seven colors)

Shows public health nurse in symbolic pose as helper to farmer, industrial worker, a school child, mother, babe, etc. Blank space at bottom allows for local message to be printed.....10 cents

National Tuberculosis Association

370 Seventh Ave., New York, N. Y.

HEALTH POSTERS.

Five different posters, size 15 x 21 inches. Black and white drawings of general health interest. (Drawings of unusual excellence.)

10 cents a copy, or secure from local association.

KEEP WELL GUIDE

A Modern Health Crusade poster, size 22½ x 34 inches.....26 cents, postage prepaid \$18.00 for 100

Women's Foundation for Health,

370 Seventh Ave., New York, N. Y.

SET OF THREE POSTERS

Heritage of Life, Grade in Health, Posture Poster. Size 22 x 28 inches...15 cents a set

Young Women's Christian Association, National Board,

600 Lexington Ave., New York, N. Y.

FIVE POSTERS (2 feet x 3 feet)

Emphasizing value of gym work, hiking, tennis, swimming and good posture.

Cost of mailing only

SET OF FIVE FOOT-POSTURE CHARTS

(2 feet x 3 feet)

Which Shoes Will You Wear?

Live Toes.....

Foot Tracing Charts.....

Do You Walk Correctly?

Five Points of a Good Shoe

\$1.00 a set

CHINESE HEALTH POSTER

(2 feet x 3 feet). 30 in set.

Cost of mailing only.

HEALTH FILMS

THE following reviews of health films are submitted by the Health Films Committee of the National Health Council. In setting itself the task of appraising existing health films, the Committee hopes to be able to guide the field health worker to the better and more effective health movies. Nothing is perhaps so convincing in summing up a health program as the good health movie. But nothing is perhaps so deadening to its success as the movie that is vacuous and arrives nowhere. The Health Films Committee hopes to protect the health worker from this possibility by placing at his disposal definite knowledge with regard to such movies.

The first reviews of health films were published in the July number of *THE PUBLIC HEALTH NURSE*. Others will appear as they are released by the Health Films Committee.

"THE END OF THE ROAD"

Producer: American Social Hygiene Association.

Distributor: American Social Hygiene Association.

Length: Five reels.

Rental: \$5.00 day; \$25.00 week; Sale, \$295.00.

SYNOPSIS

The importance of sane and wholesome sex instruction in early life is shown by means of a drama which contrasts the lives of two girls, one bred in ignorance surrounded by selfish ideals, the other in wholesome knowledge surrounded by social ideals.

This film is designed for theatrical use, mixed audiences, but especially for audiences of women. The Committee was of the opinion that the film succeeds in presenting in dramatic form a large body of facts and of arguments without being didactic or gruesome. The drama clothes these facts without hiding them, making the whole subject impressive.

The photography is excellent, the cast good, action is direct, titles clear and readable.

"THE GIFT OF LIFE"

Producer: American Social Hygiene Association.

Distributor: American Social Hygiene Association.

Length: Four reels.

Rental: \$4.00 day; \$20.00 week;

SYNOPSIS

Sketches the biology of reproduction from a very simple form to the human being.

The Committee regarded this film as excellent production, dealing with a difficult and delicate problem in a wholesome and aesthetic way. The scientific information is presented in a consistent, easily understood fashion making the story of reproduction from simple organisms to the most complex, not only interesting but beautiful. The film is scientifically correct, the photography is excellent, the titles are pointed and clear.

It is understood that the film is preferably accompanied by an introductory lecture. This film is suitable for theatrical or non-theatrical audiences.

"JINKS"

Producer: National Tuberculosis Association.
Distributor: National, State and local Tuberculosis Associations.

Length: One Reel.

SYNOPSIS

Animated cartoon. "Jinks," out of work, dreams that "Mike Robe" and his family are coming to inhabit his lungs because the poor care he has given his body makes his lungs a comfortable and luxurious abode for them. "Jinks" is so thoroughly alarmed at the prospect that on awakening he begins mending his ways.

The Committee considered that this film is successful in carrying its message in a happy humorous, convincing way. The special points of personal hygiene which should be observed in order to avoid tuberculosis are presented in a way which can be readily understood both by children and adults. The film is an excellent example of happy treatment of a subject which has too often been made morbid.

"PUBLIC HEALTH TWINS AT WORK"

Producer: American Social Hygiene Association.

Distributor: American Social Hygiene Association.

Length: One Reel.

Rental: \$1.00 day; \$5.00 week.

SYNOPSIS

Diphtheria, infantile diarrhea, tuberculosis and the venereal diseases are haled before the court of public opinion and condemned. The film shows the decrease in mortality rates from year to year as science and administration correct conditions.

The Committee considers the "Health Twins at Work" suitable for any theatrical or non-theatrical audience. The argument is convincing. Although the film deals with a subject which is usually more or less dry from the popular point of view, the subject is made interesting and entertaining. The film technique is excellent and although the animation might be improved in certain places, it is on the whole very well done. The educational value of the film is positive and effective.

ACTIVITIES

of the

NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

Edited by ANNE A. STEVENS

THE SALARY QUESTION

This section of the magazine has carried since January articles describing the services which the Organization offers its members. This month we are publishing a concrete example of one of the services of the Statistical Department.

During the year we have had more requests for help with the vexing question of salaries than any other one problem. This question always demands particular attention in the fall, when so many organizations are preparing budgets for the next year's work.

The accompanying tables were prepared by the Statistical Department from information supplied for our statistical file by organizations employing nurses. You will note that these tables present the conditions in all parts of the country, and in organizations of all sizes. Although these tables were prepared to answer the question "what salaries are paid to nurses?" such additional information as has a direct bearing on salary

has been included whenever it was supplied. Dashes in the table mean "information not supplied" and are not to be interpreted as negative statements.

The correspondence relating to this question shows that some organizations are attempting to base the minimum salary on a consideration of salaries paid elsewhere for similar work and of living costs in that community, adding the margin necessary to maintain a decent standard of living; to base an individual nurse's salary on the responsibility of her particular work, her general preparation for that work, and her individual assets; to increase salaries up to a stated maximum dependent on character of work and not alone on length of service although the latter is still the easy automatic method in more general use.

It is impossible to generalize from tables such as these—the individual facts give us "food for thought" and suggest the need for more careful study of all the elements involved in the salary question.

TABLE II. SOME FACTS CONCERNING

The information for this table was taken from Questionnaires of 1922 filled in by
for using data from these particular services was because

Number (1)	Approximate population of city (2)	Number of graduate nurses (3)	Yearly salaries				Daily hours on duty (8)
			Nurse director (4)	Assistant nurse director (5)	Supervising nurses (6)	Staff nurses (7)	
1	10,000	2	\$1300	.....	.....	\$1200	8:00 a.m.—5:00 p.m.
2	10,000	3	1200	.....	.....	900 & 1020*	9:00 a.m.—5:00 p.m.
3	30,000	3	.....	.....	.....	930	8:00 a.m.—5:00 p.m.
4	20,000	4	1800	.....	\$1500	1140 & 1320	8:30 a.m.—5:00 p.m.
5	20,000	5	1800	.....	.....	1500	8:00 a.m.—5:00 p.m.
6	80,000	7	1500	.....	.....	1200, 1260 1320, 1440	8
7	40,000	7	1800	.....	.....	1500	8:30 a.m.—5:00 p.m.
8	70,000	8	2100	.....	1620	1320 & 1440	7½
9	80,000	8	1200	.....	.....	1080	8
10	320,000	9	2220	.....	1800	1380, 1500 & 1560	8:30 a.m.—5:30 p.m.
11	90,000	9	1800	.....	1380	1296, 1500* 1680*	8:00 a.m.—5:00 p.m.
12	130,000	13	3000	\$2100	1980	1200—1800	8:30 a.m.—5:00 p.m.
13	260,000	14	.....	.....	1560 & 1800	1320	8:30 a.m.—5:30 p.m.
14	260,000	16	2100	1800	1620	1260	8
15	400,000	16	2200	.....	.....	1140 & 1320	8:00 a.m.—5:00 p.m.
16	140,000	19	2000	1500	1600	1275 & 1500	8
17	380,000	24	3000	2100	1500	1245 & 1380	8:45 a.m.—5:00 p.m.
18	730,000	25	2200	.....	1500	1200 & 1400	8:00 a.m.—5:00 p.m.
19	440,000	26	2400	2100	1800	1335—1560*	8
20	230,000	28	2700	2100	1320 & 1500	1200	8:30 a.m.—5:00 p.m.
21	390,000	36	.....	.....	1680 & 2100	1200—1500	8:00 a.m.—5:00 p.m.
22	800,000	40	.....	.....	2100	1560, 1680 & 1800	8:30 a.m.—5:00 p.m.
23	780,000	37	2700	.....	1500 & 1680	1200 & 1380	8
24	240,000	45	3000	2500	1800 & 2000	1290—1500	8
25	160,000	50	3000	2700	1440 & 1620	1200 & 1320	8
26	990,000	65	3350	2400	1860 & 2100	1440 & 1680	8
27	2,000,000	90	4000	2500	1500—1800	1280 & 1380	8
28	3,000,000	105	4000	3000	1800	1320—1500	8:30 a.m.—4:30 p.m.
29	750,000	115	4000	3370	1524 & 1634	1404	8:30 a.m.—5:30 p.m.
30	3,000,000	160	.....	.....	2040—2400	1560—1800	9:00 a.m.—5:00 p.m.

* Maternity nurse

THIRTY CITY NURSING SERVICES

organizations located in widely scattered cities in the United States. The reason they represent staffs of all sizes and are widely scattered.

* Number (1)	* Approximate population of city (2)	Days off each week (9)	Yearly vacation (10)	Yearly sick leave (11)	Part of uniform furnished by organization (12)	Remarks (13)
1	10,000	-----	-----	-----	No	-----
2	10,000	-----	-----	-----	No	Expenses paid
3	30,000	½	*2 weeks	-----	No	-----
4	20,000	1	1 month	-----	No	-----
5	20,000	½ and Sunday	1 month	-----	No	On duty 1 Sunday a month
6	80,000	½	1 month	-----	No	-----
7	40,000	½	1 month	-----	No	-----
8	70,000	½ and Sunday	1 month	2 weeks	Hats, coats, arm- bands	-----
9	80,000	½	2 weeks	-----	Cloth for uniforms	-----
10	320,000	-----	-----	-----	No	-----
11	90,000	½	1 month	-----	No	Have a day a month off in addition to half day a week
12	130,000	½	1 month	-----	No	2½ days' vacation for every month of service
13	260,000	1 ½	1 month	-----	No	-----
14	260,000	½	1 month	-----	Hats, coats	-----
15	400,000	½ and Sunday	1 month	-----	Entire uniform	1923 information
16	140,000	½ and Sunday	1 month	2 weeks	No	Assistant director's salary only temporary
17	380,000	½ and Sunday	1 month	-----	Entire uniform except collars and cuffs	-----
18	730,000	½	1 month	-----	None	-----
19	440,000	-----	-----	-----	Cuffs and collars lent nurses	-----
20	230,000	½	1 month	-----	Coats	-----
21	390,000	½ and Sunday	1 month	-----	No	-----
22	800,000	½ and Sunday	1 month	-----	-----	Nurses required to stay 3 months after vacation. Sick leave given after one year
23	780,000	½ and alternate Sundays	1 month	2 weeks	-----	-----
24	240,000	½ and Sunday	1 month	-----	-----	Additional ½ day a month. Work Sundays in rotation.
25	160,000	½ day	1 month	-----	Hats, coats	Nurses have "Part of Sunday" off
26	990,000	½ and Sunday	1 month	-----	-----	On duty 1 Sunday in 3 months
27	2,000,000	½ and alternate Sundays	1 month	2 weeks	No	Additional half day a month off. Work ½ of alternate Sundays
28	3,000,000	-----	-----	-----	Coats	-----
29	750,000	½ and Sunday	1 month	2 weeks	No	Sick leave may be fatigue leave
30	3,000,000	½ and Sunday	1 month	-----	-----	-----

* Repetition of Columns (1) and (2) on Opposite Page

LIBRARY DEPARTMENT—BOOK NOTES

WHAT SHALL THE SCHOOL NURSE READ

A Few Recent Books and Pamphlets—Also some Old Reliables

PAMPHLETS

- | | |
|--|---|
| <p>Andress and Bragg
Suggestions for a Program for Health
Teaching in Elementary Schools..... .10
U. S. Bureau of Education, Wash-
ington, D. C.</p> <p>Bailey, Pearce
Backward and Defective Children..... .10
National Committee for Mental
Hygiene, New York</p> <p>Baker, S. Josephine,
A Child Health Survey of New York
State. (Pt. I. The Public Schools)..... .15
New York State League of Wo-
men Voters, New York.</p> <p>Baldwin and Wood.
Weight-Height-Age Tables—for boys
and girls of school age.....
American Child Health Associa-
tion, New York.</p> <p>Chayer, M. E.
The School Nurse—as a nurse, a
teacher, a social worker..... .10
National Organization for Public
Health Nursing, New York.</p> <p>Clark, Taliaferro.
The School Nurse—her duties and
responsibilities. Reprint No. 783.....
United States Public Health Ser-
vice, Washington, D. C.</p> <p>Hedger, Caroline.
Positive Health for Nurses..... .10
League of Nursing Education,
New York.</p> <p>Score cards for Parents to show the
Condition of Children at different ages .25
Elizabeth McCormick Memorial
Fund, Chicago, Ill.</p> <p>International Health Education Con-
ference Report, San Francisco, June
1923. (In preparation.)
American Child Health Associa-
tion, New York.</p> <p>Lucas, W. P.
Health of the School Child—his
education in the home..... .10
Health of the School Child—how
the Teacher can Help the Parent.... .10
Delineator Magazine, New York.</p> <p>Moore, Fredrika.
Duties of the School Nurse.....
Commonwealth, Jan.-Feb. 1922.
Massachusetts State Department
of Health.</p> | <p>Myers, J. O.
Some Duties of School Nurses in a
Tuberculosis Program—in relation to
public health nurses and social workers .10
National Organization for Public
Health Nursing, New York.</p> <p>National Child Health Council.
Health for School Children..... .10
United States Bureau of Educa-
tion, Washington, D. C.</p> <p>Packer and Moehlman.
Preliminary Studies of Standards of
Growth in the Detroit Public Schools.
Detroit Educational Bulletin, 1921
Detroit Dept. of Education.</p> <p>Palmer, G. T.
Year's Experience with Nutrition
Classes in Detroit.....
City Health, Nov.-Dec., 1922.
Detroit Dept. of Health.</p> <p>Richards, E. L.
Elementary School and the Individual
Child..... .10
National Committee for Mental
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THE LIBRARY DEPARTMENT

THREE NOTABLE BOOKS

THE STORY OF MANKIND

By Hendrick Willem Van Loon

Boni & Liveright, \$5.00. 1921.

THE MIND IN THE MAKING

By James Harvey Robinson

Harper, \$2.50. 1921.

MEN LIKE GODS

By Herbert George Wells

Macmillan, \$2.00. 1923.

Reading history has come to be a fascinating entertainment since historians have passed into the ranks of the best sellers. Among the most fascinating of present time historians is Hendrick W. Van Loon, whose *Story of Mankind* written for children has been greedily appropriated by adults. This book makes one conscious of the sweep and continuity of all history, and opens the mind to

the contemplation of a vast universe, in which the Earth assumes insignificant proportions, and the achievements of man, in the material world, the more remarkable.

Professor Robinson's *The Mind in the Making* gives an analysis of man's mental development, throughout the ages of human history, and back of that, to his animal heritage. This book is stimulating, thought-provoking, and constructive. Robinson asks us to consider with him this more or less familiar person, man, and points out that one outstanding peculiarity in his development, lies in his apparent lack of interest in himself. In the past three hundred years, he has revolutionized the material world, but his way of thinking has not appreciably changed in three thousand years. The scientific method has not been applied to human relationships. As Mr. Robinson sees it our great job is (1) "To create an unprecedented attitude of mind, (2) to cope with unprecedented conditions, and (3) to utilize unprecedented knowledge."

In H. G. Wells' *Men Like Gods*, we meet the historian-novelist. This book is fiction, with an entertaining story. It presents Utopia. It would seem that Mr. Wells had been stimulated by *The Mind in the Making*, and had accepted Mr. Robinson's challenge. The striking thing about this book is that the germs of all Utopian achievements are plainly present in our world today.

After finishing this book, one feels much like Mr. Barnstable, the Earthling who was returned to Earth, after a sojourn in Utopia. So much of the human misery we constantly meet could be wiped out *now*, if only that unprecedented attitude of mind were established.

A good way to make a start in this remaking of one's mental attitude is to become acquainted with these three books.

MABELLE. S. WELSH.

HEALTH BUILDING AND LIFE
EXTENSION

By Eugene Lyman Fisk, M. D.
The Macmillan Co. 1923.

LIFE is sweet to begin with. We are all anxious to cling to it as long as possible. Many drop off early in the course. The average United States baby, according to this interesting 500 page volume by Dr. Fisk, has an expectancy of only 50 years of life. The "health span" which covers the period of physical freedom and full vigor after maturity is the comparatively narrow range between the ages of 18 and 31. The "work span" when we can compete in industry on a fair basis of equality runs from 20 to 40 years. The "military span" during which we make acceptable soldiers is from 18 to 42.

There are valuable facts in this book. The facts are of the kind which public health nurses would do well to read and tuck away on a shelf in the brain ready to bring forth at a time when a talk has to be prepared or when some doubting individual has to be converted. Dr. Fisk divides his subject matter into three parts, first, the "Physical State of Civilized Man," second, the "Problem of Industrial Health and Working capacity," and third, "Preventive, Remedial and Constructive Measures."

This book is a justification for public health work. It contains statistical data which make a most convincing argument and we need these proofs. There has been too great a tendency to do things because someone else has done them and after they are done to assume that the results must be good, but without making an effort to analyze them frankly and impartially. The time is coming when authoritative opinions and an array of influential citizens will be insufficient to attract money for health enterprises. We need statistical facts intelligently arrived at, in other words, *respectable statistics*.

Dr. Fisk goes further than merely pointing out the problem. He

points out ways and means by which conditions can be bettered and he supports his argument by illustrations of situations that have been bettered by conscious effort.

A just tribute is paid to the visiting nurse to whom Dr. Fisk gives full credit for the establishment and growth of the modern health center.

The public health nurse will be a more effective nurse if she adds this volume to her bookshelf, reads it, ponders over it, refers to it, and passes the word on as opportunity permits.

GEORGE T. PALMER, DR. P.H.

HAPPY'S CALENDAR FOR 1924

Written by Cliff Goldsmith
American Child Health Association, 50 cents.

Another Happy event! The success of the last calendar leaves no doubt in anybody's mind as to the favor with which this "1924" one will be received. School nurses, send for one now. Teachers, do the same. Mothers, struggling with young fry in the effort to inculcate health habits, make haste to acquire this valuable aid to your praiseworthy endeavor.

And Happy's inimitable text! The historical notes are particularly "happy," so to speak. "*Labor Day*—A man with good teeth can hang on to a good job." "*Patriot's Day*—It is your patriotic duty to uphold your constitution." But *every* day has its own delightful maxim. November 30th for instance—"Without your rubbers little drops of water become little cough drops."

SCHOOL HEALTH SUPERVISION

Section VII, from the forthcoming report of the Committee on Municipal Health Department Practice, has been issued as a reprint by the American Public Health Association of 370 Seventh Avenue, New York.

This report, prepared by Ira V. Hiscock and W. T. Fales, should be of special interest and value to school nurses. Medical inspection of children in the public schools is carried on in all of the eighty-three cities under study except one, so that the committee have been able to come to valuable conclusions.

Cost of Health Supervision: The Medical Staff; Nursing; Physical Examinations; Dental Work; Noti-

fication and Follow-up: Special Classes: Correction of Defects: Physical Education and Teaching of Hygiene, are the main headings of the sections of the report.

For economy of service and simplicity of organization, school health supervision should be controlled by one administrative department. Whether this be the Health Department or the Department of Education is of less importance than the assurance that the work shall be done efficiently The medical and nursing staff is generally inadequate for the most effective work. The qualifications for the position of chief medical inspector of schools should be standardized and designed to attract physicians with special training to serve full time at a suitable salary. Furthermore, sufficient personnel should be provided to allow one doctor to every three thousand children and one nurse to about two thousand children, in addition to an adequate staff of dentists and specialists. Sufficient clerical assistants to relieve the physicians and nurses of routine work should be furnished, thus permitting the nurses to spend half of their time in the important follow-up work in consultations with mothers in the homes and at the schools.

The long-looked for complete Report of the Committee, we believe, will shortly be published by the United States Public Health Service.

Miss Russell, who is directing the public health nursing course at the University of Toronto, gave the report of this "three years experiment" to her graduating class in May of this year. This admirable report, published in the August, 1923 issue of *The Canadian Nurse* is deserving of special attention, particularly by those interested in the problems relating to the education of this "special group of health teachers called public health nurses."

Miss Russell quotes from "Science and Power" by Benjamin Kidd, the English sociologist:

"For the understanding of the great transition going on around us, the very elements of thought do not at present exist." This emphasizes an essential point in all modern education. In our day, we cannot look upon education as a preparation "for a known future." Changes are

taking place so rapidly that we cannot prophesy nor comprehend the society of even an immediate future. The part which the public health nurse is to play in this future society, probably an important one, is something of which we have, in Miss Russell's words, "only a dimly comprehended vision."

Miss Russell gives, as one of the two aims of her Department, "To increase the spiritual calibre of each group of students so that the woman who leaves the Department is something more than the woman who entered." Such an aim must always be in the minds of those who would meet the educational needs of a dynamic society such as that in which we are now living.

The graduates of the school in these three years number one hundred and thirty five. G. E. H.

The *Red Cross Courier* for July 28 prints an article by Dr. Allen W. Freeman on *The Incalculable Value of Public Health Nurses*. Dr. Freeman outlines the special functions of county nurses and concludes:

By helping to build better and stronger citizens, by keeping the babies well, by helping the mothers, by preventing tuberculosis, by preventing blindness of infants, by helping the cripples to be healed she makes a contribution to the future prosperity of the county which, if it could be measured in terms of dollars and cents, would make the cost of supporting one or more nurses in a county seem a very small amount indeed.

Articles such as Dr. Freeman's, and the appreciation and praise of the work of the public health nurse which now come to us so constantly through so many sources, must give us pause. Are we, each and all, giving to the utmost of our ability—are we taking every opportunity to increase that ability and add to our knowledge? Are we accepting this hard-won recognition of the worth and indispensable help of the public health nurse in any program of health in that true spirit of humility which only urges to further efforts.

RED CROSS PUBLIC HEALTH NURSING

Edited by ELIZABETH G. FOX

JUNIOR RED CROSS CALENDAR

IN A recent number of "The World's Health" there appears an article "Education for Life—by Precept or Practice"—the author, Hermann Tobler of Switzerland. The whole article must interest public health nurses, touching as they do today, the lives of so many children with the hopeful purpose of helping to perfect to-day's child, to-morrow's man.

If the reader will follow the somewhat lengthy quotation from Herr Tobler's presentation of the ideals of education, she will arrive at the foundations of the principles underlying the American Junior Red Cross Calendar. "Theoretically it is agreed that the school should not confine itself exclusively to instruction. * * * Today we must not limit ourselves to book teaching but must go beyond the book, keeping the requirement of life in mind.

"The school should therefore from the beginning be an enlarged family, a community. The family is the first, the school the second community in a child's life. There comes a time when he grows out of the first and enters the second, to advance finally, to a third, the community of all people and of mankind. In school he learns to understand his relations later on. Therefore, every young person should be introduced to the life of his community and his people. He should not only learn to adapt himself to it, but to contribute to its advancement, to contribute to the upward trend of humanity.

"Culture is making progress in that human nature is being controlled. The problem is to turn the self-seek-

ing instinct into the social instinct.

* * * We no longer find satisfaction in dancing round the golden calf. We learn for our own good; we give help for the good of others. * * *

Whoever is striving for better moral conditions should realize once for all how egoism is fostered in children of all ages by the selfish way of learning

* * * A strong community spirit is needed to counteract the trend of egoism. The important thing is to seek ways and means to strengthen the community building power of the school, which today is slight. It simply comes to this, *to awaken and foster the spirit of mutual helpfulness.* The first step in this direction is to do everything to advance the community spirit in the school class." The italics are the author's.

Such is the new ideal for child instruction; such is the conception which the public health nurse should have.

Ideals are intangible things, easy to understand but often so difficult to put into life. Benjamin Franklin with his kite, string and key, brought electricity to man's service. The Junior Red Cross Calendar might be likened to Franklin's device, purposing as it does to bring idealism down to everyday living.

For two reasons the public health nurse will do well to familiarize herself with this Calendar; first, for what it attempts to do for the child's general education; second, for its plan of health and education.

The Calendar suggests to children simple and possible activities.

These suggested activities are grouped under seven headings, namely:-

Personal Service.
Service for School
Community Service.
National Service.
World Service.
Organization for Service.
Fitness for Service.

This service thread links the child with his school, his community and with the world. It purposes to bring unconsciously to the youngsters the mechanism of successful living and to develop a desire for health, not for its own sake, but as an essential for the service he would render others, his classmates, his home, his community, his state.

The Calendar is sent to all schools enrolled as auxiliaries of the American Junior Red Cross. It consists of ten pages, one for each of the nine school months and one for the three vacation months, June, July and August. Each page is approximately thirteen by twenty-one inches and bears a colored picture—copies of original paintings done for the Calendar by Miss Anna M. Upjohn. Each picture represents some characteristic phase of human life, an Indian girl baking bread, a Holland maid posting a letter, an American girl dreaming on a hillside with miles of the Lincoln Highway stretching away into the horizon. Four glimpses of European life, two of American life and four of the American Indians are thus given by the Calendar.

Each month's page carries the seven headings named, and under each heading are grouped the suggested activities. From these or similar ones the Juniors may choose the month's program.

There is, for example, on the September page, under Community Service, these suggestions:

You may co-operate in or initiate a fall Clean-up campaign.

Start with home and school clean-ups.
Make and distribute hand-bills; post window and street-car cards.
Report to proper authorities any menace to community health or beauty.

You may plan to protect and attract birds.

Learn of birds—interest the community.
(Write Government Printing Office, Washington, D. C. for pamphlet on Birds, or Audubon Society.)

You may survey your vicinity for poisonous plants.

Through posters, newspaper, etc. warn the people of your community.

Can you discover what insects in your vicinity are helpful?

The Juniors of any school may choose any or all of these things to do. The choice belongs to them, as does the planning for, and the carrying out of the activities they choose.

Each month's suggestions are related to those of the preceding month as well as the month following. This is one of the two features which will especially interest public health nurses particularly as related to the health program.

The other feature is the voluntary choice of activity.

The *Fitness for Service* activities can illustrate these points. In September, the Juniors will read this on their calendar:

FITNESS FOR SERVICE

How are Strength and Beauty Aids to Service?

Right habits of thinking and living increase Strength and Beauty.

How can you make these popular in your class?

Will a *Fit for Service Club* help?

Elect a presiding officer or choose the Junior Red Cross Room president.

Elect and appoint other officers and committeemen as needed.

Arrange to have a few morning exercises each month on *Fitness for Service*.

Adopt a few definite health rules each month. See that everyone forms these habits.

This month have three-minute speeches in opening exercises on Relation of Good Health to Service.

What cleanliness habits do you need to form? Discuss with teacher and school nurse. Adopt a few definite cleanliness rules. Have your teeth examined by family dentist.

Each Junior make a *Fit for Service Book*. (See "Junior Red Cross News," September, 1923).

In October they will read under the *Fitness for Service* heading:

FITNESS FOR SERVICE

Fit for Service Club

Sing health songs at opening exercises.
Make original health songs (parodies).

Discuss progress made with cleanliness habits.

Each place a cross in the margin opposite each rule you observe without thinking.

Each choose cleanliness rules yet to be mastered.

Make rhymes for these.

All adopt rules to insure plenty of exercise and fresh air.

Copy these in *Fit for Service Book*.

Illustrate with original drawings or mounted pictures.

Are your schoolhouse and grounds sanitary?

You may arrange to take Home Hygiene and Care of the Sick courses (Write Chapter or Division).

You may study First Aid using Teacher's handbook of First Aid Instruction.

These two quotations will give the reader an idea of the continuity which exists from month to month.

In September is suggested the *Fit for Service Club*. For this each room will, as stated, elect its own officers, discuss and adopt from time to time its own necessary rules of health and conduct its own "follow up" thereon. Nurse and teacher are but the inspiration, guide and fostering spirits.

The *Fit for Service Book* will be each child's own record of his strivings toward *Fitness for Service*. In this will be found the health rules which the child himself has chosen to follow. One may be to wash his teeth twice daily, and another to eat oatmeal. Whatever the rules are, they are the child's voluntary choice, chosen only as rapidly as he discovers each rule's usefulness and possibility for his own life. In this pro-

cess of discovery he will be aided unconsciously by parent, teacher and nurse. Though the process may be slow, especially to beginners, it is a generally accepted principle that with the act of voluntary choice arises a desire to perform. Week by week, or month by month, the child will check over his accepted health rules, thus measuring his own success. His list will be modified and will grow from month to month as he changes one rule into a habit and sets for himself new goals.

The *Fit for Service Book* will record, then, the child's voluntary progress toward the assimilation of basic health rules into his daily life.

Supplementing the Calendar's monthly suggestions there will appear in the "Junior News" a copy of a page from a real *Fit for Service Book* with the author-artist's own rules and illustrations. This model will first appear in the September News.

Many public health nurses because of numbers and distances are unable to visit their schools oftener than once or twice each year. Again they find the teachers inexperienced in health education and desiring more assistance than the nurse can give. In both instances the nurses have wanted some definite year-around program to offer, that their efforts might continue after the initial visits are over—neither health habits nor health thinking being acquired over night. To meet these special needs, the public health nurse will find a concrete program in the *Fitness for Service* group of suggested activities—while in the various other services she will find health activities naturally and normally introduced into everyday living.

The Junior Red Cross Calendar is therefore recommended for consideration to public health nurses on three points, its idealism, its technique and its practicability.

AMERICAN RED CROSS SCHOLARSHIP AND LOAN FUND

In 1922 the first fund providing for scholarships and loans to be granted nurses desiring to prepare for public health nursing was created. Each year since then has seen a sum set aside in the American Red Cross yearly budget for this same purpose, the amount growing as the demands for its use grew.

Previous to July 1923, the fund totaled \$302,500 and had aided 766 nurses in obtaining postgraduate training in public health nursing.

The fiscal year 1923-24 sees no change in this policy. The new budget provides a fund as previously to be used to prepare workers for Red Cross chapter positions.

AWARDS OFFERED BY THE AMERICAN PUBLIC HEALTH ASSOCIATION

The American Public Health Association has announced that it is planned to offer a series of awards in recognition of attainment and advancement in community health service. This announcement is the result of a study of the health departments of eighty-three of the largest cities in the United States, made by the Committee on Municipal Health Department Practice of the Association. The status of the health work in different cities will be determined by personal surveys conducted by agents of the Association. The cities will be rated according to a plan which will be presented for consideration and adoption at the Fifty-Second Annual Meeting of the American Public Health Association, Boston, October 8-11, 1923. The rating will take into account all health agencies, voluntary as well as official, forming a part of the community health program.

The first series of awards will be made to cities of a population of 100,000 or over which show the most nearly adequate community health service as of January, 1924. It is the further purpose of the Association to make similar awards in succeeding years. Selection of the winners will be based not only upon actual attainment, but also upon progress since January, 1924.

The survey conducted by the Committee on Municipal Health Department Practice, which led to this plan for a series of awards, will be published during the fall as a special bulletin by the U. S. Public Health Service. It is also announced that the work in which this Committee has been interested is to be continued and greatly extended through the co-operation of the United States Public Health Service and the Metropolitan Life Insurance Company.

Surgeon General Cumming of the United States Public Health Service has agreed to establish an office of Administrative Health Practice (under the direction of Surgeon Paul Preble) to work in co-operation with the American Public Health Association.

NEWS FROM THE FIELD

ANNUAL REPORTS

Erie, Pa.

The tenth annual Report of the Visiting Nurse Association of Erie, Pa. reports the attainment of four out of six "needs and recommendations" as presented in last year's report. Four permanent Child Health Stations—redistricting the city, redistricted to equalize the case load of the nurses—equipment for urinalysis and blood pressure for prenatal work, the work to be undertaken when the complete prenatal program is approved by the physicians.

One of the "needs," an outside obstetrical service for free patients unable to enter a hospital, has not yet been obtained, but the goal is nearer. During the year several of the Association co-operated in a number of educational efforts, exhibits, health week and group talks in health. We wish the Association every success in its very practical "Hopes for the coming year." The total number of patients cared for during the past year was 3467.

Portland, Oregon

The Annual Report of the Visiting Nurse Association of Portland, Oregon records as a number of other reports have done the continued and continuous interest of members of the Board since the very beginning of the Association—twenty-three years of active service is indeed a record.

The report of the President calls attention firmly to the fact that let preventive service be what it may, the "sick and lonely needing care" are still with us. The Oregon Association we will remember is one of those mainly receiving their support through subscribers to the Community Chest.

The offices of this association also were moved during the year to en-

larged quarters, securing closer contact with the other health agencies of the city and state. The educational work of the Association, especially necessary because of the grave nature of the tuberculosis problem in Portland is emphasized in the report of the Superintendent. It is interesting to note that Miss Crowe emphasizes the importance of "adequate relief"—that old and constant worry—for their tuberculosis patients. The Association reports an increase of work, 26,190 visits during the past year as against 21,889 for the previous year.

Washington, D. C.

The twenty-third Annual Report of the Washington Instructive Visiting Nurse Society reports a change of headquarters during the past year with much additional comfort and efficiency. One thousand two hundred and twenty-three patients above the number in 1920 were cared for, showing a continuous and increasing demand for the nursing service. New work in connection with the Red Cross Day Camp and with the Children's Country Home was undertaken. In the camp a nutrition class with excellent results was started. The report of the Director gives an admirable picture of the whole work during the year. We are interested to observe that the problems attending the maintenance of a Delivery Service are not unknown to Washington. It is encouraging to note that senior students in two training schools are provided with four months supervised experience in public health nursing by the Society. An interesting series of lectures were provided for the staff members during the year. On the staff we note "eight Memorial Nurses," in addition, two nurses are supported by a church and the Junior League.

NEWS FROM THE STATES

Delaware

On July 1st, the Child Welfare Commission, under an act of the Delaware Legislature, merged with the State Board of Health and the State Tuberculosis Commission, forming a new organization called the State Health and Welfare Commission.

The business organization and personnel of the new Commission will be in the hands of an Executive Secretary who shall be "a trained Health person." This Secretary has not yet been selected.

Massachusetts

The Industrial Nurses' Club of Western Massachusetts was organized October, 1921, by twenty-five graduate nurses who were doing industrial nursing in that section, and who had long felt the need of a club which would provide a forum for discussion of industrial nurses' problems, as well as help to raise the standard of nursing. The present membership of thirty-five includes about two-thirds of the industrial nurses in Springfield and vicinity. Miss Edith Ferry of Spaulding Bros., Chicopee, who has had varied experience in club and association work, is now president of the club, succeeding Miss Lucy Walden, of Gilbert and Barker, West Springfield, the first president.

Miss Walden, with the assistance of members, planned for the first year an especially helpful program, including a series of roundtable talks and a course of lectures, the latter under the Extension Division of Education of Boston University. Papers were read by a number of the nurses. Among the subjects discussed were: First Aid Treatment, Occupational Diseases, Labor Laws, Sanitation in Plants, Welfare and Employment Work, Hospital Plant and the value of the nurse to the Employer,

Employee and Safety Engineer of the Plant.

An unusually pleasant social program helped make the club year memorable.

Michigan

The reunion and second annual meeting of the Alumnae Association of Public Health Nurses of the University of Michigan on June 16, was a part of the usual gay greeting time of Alumni Day on the Campus. Representatives from every class were there from the first class of 1918 to the last class, that of 1923. The presence of Mrs. Barbara H. Bartlett at luncheon was a delightful feature of the occasion.

Miss Elba Morse, president, presided at the meeting. Reports of the secretary and treasurer, Miss Gertrude Reiman, were read and approved. Plans and problems pertinent to us as an alumnae group were discussed with enthusiasm. The following motions were made and carried: That a "bon voyage" telegram be sent to Miss Sigris Johnson (class of 1923) who is about to pursue public health nursing activities in India; that the chair appoint a committee on arrangements for the 1924 National Biennial Convention in Detroit; that we have a loan fund made up by annual dues and membership contributions; that the president, secretary, and director of the Public Health Nursing course be a committee to act on loan funds; that the chair appoint a "Booster" committee for the purpose of recruiting student Public Health nurses; that the present officers of the Alumnae Association be continued in office for 1923-24.

The Michigan Board of Registration of Nurses and Trained Attendants will hold an examination for graduate nurses and trained attendants at Ishpeming, Michigan, September 18th and 19th.

New Mexico

The State Conference of Health Officers and Public Health Nurses'

(Continued on page 149)

NEWS FROM THE STATES

(Continued)

Association of New Mexico met at Albuquerque, June 21-22. The Public Health Nurses' Association of New Mexico met June 22-23. At the business meeting of the Public Health Nurses' Association, it was voted to revise the constitution and to become a branch of the N. O. P. H. N. Nurses are as yet so few and far between in New Mexico, and the State registration law has so recently been passed it is felt that every effort must be made to strengthen and raise nursing standards in New Mexico.

The officers elected for the coming year for the Public Health Nurses' Association are as follows:

Miss Ruth Moore, Las Cruces
President
Miss Beatrice Dunlop, Roswell
Vice-President
Miss Helen B. Fenton, Santa Fe
Secretary and Treasurer

Ohio

The Public Health Section of the Ohio State Association of Graduate Nurses will hold an Institute in Columbus on October 10th and 11th for all nurses doing Public Health work in Ohio.

Rhode Island

The members of the Rhode Island State Organization of Public Health Nurses were guests of the Red Cross rural nurses at Little Compton, Middletown and Tiverton at Warren's Point, Seakonnet, R. I.

Sixty members were present and the program of swimming, a basket lunch and informal talks on rural nursing was unusual and much enjoyed.

Virginia

Sea bathing, picnicking and sight seeing helped turn the midsummer meeting of public health nurses in the District near the Eastern Shore of Virginia into a real week end party. It was held at Eastville with Mrs. Fereba Croxton of Northampton County and Miss Sarah Crosley of

Accomac as hostesses, and Miss Mary Partrick of Nansemond County, Mrs. Bertha Winne of Elizabeth City County and Miss Alice B. Dugger, A. R. C. Nursing Representative for the State, as guests. Except for the meeting Saturday afternoon, Saturday and Sunday were devoted to an inspection, via Ford and motor boat, of the charms of the Eastern Shore, dips in the Bay and Atlantic, and delectable meals varying in formality from tea-room service to a picnic on a tiny island.

At the business meeting the following problems were discussed: Diphtheria Prevention with School and Pre-School Children, Miss Crosley, with further discussion by Mrs. Croxton; Plan of Getting Physical Defects Corrected in School Children, Mrs. Winne; Plan of Midwife Instruction in a County, Miss Partrick.

NEWS NOTES

Miss Florence M. Johnson's innumerable friends will be glad to hear that she has been appointed Acting Director of the New York County Chapter of the American Red Cross.

Dr. Livingston Farrand was elected president of the National Tuberculosis Association at the Annual Convention in Santa Barbara, California.

Margery Jerould Lewis died after a brief illness at Muhlenburg Hospital, Plainfield, New Jersey, July 26th.

Miss Lewis entered the Presbyterian Training School for Nurses, New York City, in 1908. She held a position in the Social Service Department of the Presbyterian Hospital; was organizer and head nurse of the Visiting Nurses Association at Wilkesbarre, Pa., and industrial nurse with Kenyon & Co., Brooklyn, N. Y.

Miss Lewis was corresponding secretary of the New York State Federation of Business and Professional Women's Clubs at the time of her death, and had been secretary of the

(Continued on page 151)

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NEWS NOTES

(Continued)

Industrial Nurses' Club of New York from the time of its organization. It is with the deepest regret that we remove her name from our lists.

Grace King, Secretary,
Industrial Nurses' Club of New York.

MEETINGS

The National Convention of the American Red Cross will be held at National Headquarters, Washington, D. C., September 24 to 27, inclusive. The program outlined is interesting and diversified, dealing with all phases of Red Cross activities. The special session on public health nursing will be held Wednesday morning, September 26, and the program as planned promises to be stimulating.

The National Safety Council will be held in Buffalo, New York, from October 1 to October 5.

The Annual meeting of the American Public Health Association is to be held in Boston, October 8 to 11. Many topics of interest and value to public health nurses will be presented by the various sections. A paper on orthopedic nursing to be given at one of the sessions of the Child Hygiene Section by Edna Foley.

The Provisional Section on Public Health Nursing presents its second program at this year's meeting. Those who were present when it made its debut a year ago in Cleveland will recall the crowded hall and the lively discussions. The program arranged for this year should call forth as enthusiastic a response.

Miss Margaret Stack, Vice-Chairman of the Section, will present a preliminary report of certain outstanding features of the study she is making of qualifications for staff positions in public health nursing agencies in 83 municipalities.

The problem of the relation of the public health nurse to the practicing physician will be analyzed by a doctor, a health officer and a public health nurse in three short speeches. It is probable that the program will be completed by the presentation by

Dr. Haven Emerson of a paper on an experiment with a self-supporting community nursing service made by the Manhattan Health Society.

The opportunity to meet in historic Boston with health officers and other health workers and to hear and take part in a program in which we have a common interest and responsibility should attract large groups of public health nurses.

The following suggestions for Round Table discussions have been sent in to the A. C. H. A. to be taken up at the Convention in Detroit, October 15 to 17, 1923. Question boxes will be arranged beforehand. Miss Crandall, the secretary of the program committee will welcome any question sent to her at 370 Seventh Avenue, New York, before October 10th.

1. How can the Teacher in Service best secure her Subject Matter for Teaching Health?
2. How can School Boards and School Administrators be convinced of the necessity of Health Teaching?
3. Parent Teacher Associations.
4. Provision for the Education of Gifted Children in the United States.
5. How to reach the Rural Mother.
6. The Need for Correlation Records of Health Work in Baby Health Centers, Day Nurseries, Infants' Homes and Orphanages, which would furnish a continuous record of Health Examinations to be carried on through School Age Period.
7. A model set of clothing for children of different ages.
8. The Merits and Demerits of frequent bathing.
9. The Manhattanville Health Society—a demonstration in co-operative health service for people of moderate incomes.
10. Methods and Devices for Teaching Health in our Schools.
11. Administrative Problems arising in the Field of Child Health Nursing.
12. The Relation of Divisions of Nursing to Bureaus of Child Hygiene within State Departments of Health.
13. Problems in Child Health Nursing in Rural Districts.
14. Nursing Problems in Pre-school work.
15. Nursing Problems in School Child Work.

The American Dietetic Association will hold its sixth annual meeting at Indianapolis on October 15, 16 and 17, with headquarters at the Hotel Claypool.



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